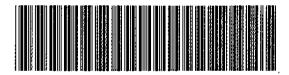
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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

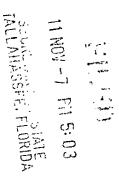
Office Use Only



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11/07/11--01061--012 **160.00

EFFECTIVE DATE 01-01-2012



B. BOSTICK NOV 8 - 2011

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: BRAU	100 VISI			
	Name of Limited Lia	ability Company		
The enclosed Articles of Organization	on and fee(s) are submi	itted for filing.		
Please return all correspondence con	acerning this matter to	the following:		
BRANDON	FREED	MAN		
	Name	e of Person		
BRANDON	VMON Firm	/Company		
111 LAK	- House	URNWONTH LI ddress	RIVE # 45	04
LAKELANG	y Feo	2104 33 and Zip Code	A0/	·
BRAUSON E-mail ad		@ TOURW PL/ ure annual report notification)	7- Coy	
For further information concerning t	his matter, please call:			
BANNOW TREES	MAN_at(978 ZZ Area Code & Daytime Tele	2-Aych ephone Number	-
Enclosed is a check for the follow	ving amount:		CK#	9 <i>4</i> 96
\$125.00 Filing Fee \$130.00 Certification	ate of Status C	155.00 Filing Fee & [Gertified Copy additional copy is enclosed)	\$160.00 Filing Fe Certificate of Statu Certified Copy (additional copy is end	18 &
Division P.O. Box	on Section of Corporations	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	SECHARA SSA	
i aitanass	CO, FL 32314	Tallahassee, FL 32301	FLORI	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LJABIL	HY CON	IPANY
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
BANGARY VIRIALIC		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited L	iability Co	mpany is:
Principal Office Address: Mailing Address:		
111 LAKE HOLLINGS WORTH SR # 4504 242 W	lances.	Am
111 LAXE HOLLINGS WORTH SR # 4504 C42 W LAXELANIA FLORIDA JOSPOI ESPER, 1	YAN	01929
ARTICLE III - Registered Agent, Registered Office, & Registered Agent' (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indiv business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:		
BRANDON FREEDINAN		
Name		
111 LAKE HOLLINGSWORTH L.	2	11
Florida street address (P.O. Box NOT acceptable)	RIVE 4	9309
· — ·		
AKRAWI FL 33A0/ City, State, and Zip		
City, State, and Zip		
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I at accept the obligations of my position as registered agent as provided for in Complete performance.	he appointn h the provis m familiar v	nent as ions of all with and
Sundon holdman		
Registered Agent's Signature (REQUIRED)	PX.	•
(CONTINUED)	LAHASSI	1 NOV - 7
Page 1 of 2	<u> </u>	To Jan
	LURIDA	ر المسير المسير المسير المسير المسير المسير

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MCD" — Managor		
"MGR" = Manager "MGRM" = Managing Member		
WORW — Wanaging Member	1	
MAR	Champarel to much	
7 (47)	THE MANUAL RESIDENCE	2
	Ill CAVE MOLLINGSWORTHE	1
	LAKELANA FLORIDA 33801,	
(Use attachment if necessary) ELE V: Effective date, if other than the	e date of filing:\ __Axway \ \ \ 2012. (OPTIONAL	(بـ
CLE V: Effective date, if other than the	e date of filing: <u>ANNARY / 2012</u> . (OPTIONAL be specific and cannot be more than five business days	ر) pi
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