#1/1000/32693

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
1.	
1	
·	

Office Use Only



800214353448

11/21/11--01050--031 **130.00

FILED
11 NOV 21 PN 1:81
SECRETARY OF STATE

K.SALY EXAMINER NOV 22 2011

COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: Brighton Shore Business Ventures, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John F. Demo Name of Person
Brishton Share Business Ventures, LLC. Firm/Company
5243 Brighton Shore Drive
Address
Apollo Beach, FL 33572 City/State and Zip Code Jay. F. demo & Grail. Com E-mail address: (to be used for future annual report notification)
194. F. demo @ Gmail. com
For further information concerning this matter, please call:
Jay Demo at (813) 340-8003
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee & \$\frac{1}{2}\$\$\$155.00 Filing Fee & \$\frac{1}{2}\$\$\$\$\$\$\$\$\$Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Brighton Shore Business Ventures, LLC. (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 Liability Company is:
Principal Office Address: Mailing Address:
5243 Brighton Shore Drive Apollo Beach, FL 33572 SAME
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
John F. Demo
Name Name
5243 Brighton Shore Drive
Florida street address (P.O. Box NOT acceptable)
Apollo Beach FL 33572 PAR Signal City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as
registered agent and agree to act in this capacity. I further agree to comply with the provisions of all
statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S
uccept the bonganons of my point of as registered agent as provided for my employ esset 2 issues
(h/1)
Registered Agent's Signature (REQUIRED)
1

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	John Demo 5243 Brighton Share Drive Apollo Reach, FL 33572
MGRM	Grenald Boyd 52 46 Brighton Shore Drive Apollo Beach, FL 33572
MGRM	Francis Force P.O. Box 1055 Sorrento, FL 32776
(Use attachment if necessary)	
ARTICLE V: Effective date, if other the (If an effective date is listed, the date in to or 90 days after the date of filing.)	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	1. A. A.

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)