

Dec. 13, 2011 4:07PM
Division of Corporations

Gray

N: 0072 P: 11

L11000140256

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000292074 3)))



H110002920743ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

L. SEILERS

DEC 14 2011

EXAMINER

To:

Division of Corporations
Fax Number : (850) 617-6383

From: Carrie L. Ramos, Paralegal, please fax confirmation to (407) 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 643-8880
Fax Number : (407) 244-5690

RECEIVED

11 DEC 13 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Bronsons GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 13 AM 9:21

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRONSONS GP, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1415 WEST VINE STREET
KISSIMMEE, FL 34741

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

DAN L. LACKEY
1415 WEST VINE STREET
KISSIMMEE, FL 34741

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.


REGISTERED AGENT'S SIGNATURE

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

The Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.


AUTHORIZED REPRESENTATIVE'S SIGNATURE

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.

IRLO BRONSON, JR.

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)

FILED
11 DEC 13 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA