

L11000143015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

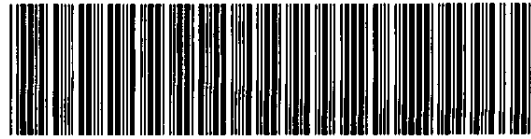
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**  
DEC 21 2011  
**EXAMINER**

Office Use Only



500215321275

12/19/11--01052--001 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 DEC 19 PM 4:52

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Brooklyn Craft Works 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:

Angel J. Santos  
Name of Person

Brooklyn Craft Works  
Firm/Company

8 Sand Spring Rd.  
Address

Morristown, NJ 07960  
City/State and Zip Code

ajsantos2000@gmail.com  
E-mail address: (to be used for future annual report notification)

2011 DEC 19 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

For further information concerning this matter, please call:

Angel J. Santos at ( 718 ) 687-6408  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2011 DEC 19 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brooklyn Craft Works 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:

1200 West Ave.  
Unit 507  
Miami, FL 33139

8 Sand Spring Rd.  
Morristown, NJ 07960

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.)

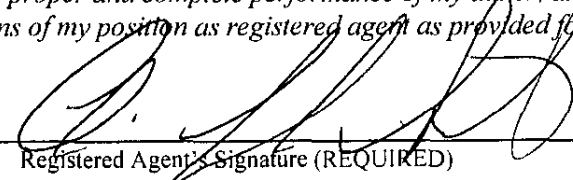
The name and the Florida street address of the registered agent are:

Angel J. Santos  
Name

1200 West Ave., Unit 507  
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33139  
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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

2010 DEC 19 PM 4: 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Angel J. Santos  
8 Sand Spring Rd.  
Morristown, NJ 07960

MGRM

Leif E. Jattne  
457 5th Street, Apt. 1A  
Brooklyn, NY 11215

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

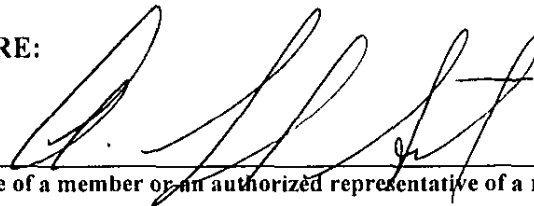
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)

Angel J. Santos

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)