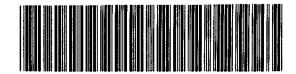
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SECRETARY OF STATE

J. BRYAN

JAN - 5 2012

EXAMIN

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT: Brandon Survine LLC  Name of Limited Liability Company
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
•	Brandon Surline Name of Person
-	Brandon Surline LLC Firm/Company
_	3246 Elmore Pl Address Address
-	Address  Sarasota FL 34239  City/State and Zip Code
_	Brandon Surline Comail. com For w. E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
J	Brandon Surline at (941) 544-7836  Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
5125.00	Filing Fee \$\frac{130.00}{2}\$\$130.00 Filing Fee & \$\frac{155.00}{2}\$ Filing Fee & \$\frac{160.00}{2}\$ Filing Fee, 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 Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:  The name of the Limited Liability Company is:    Brandon Survive 11C				
Principal Office Address:	Mailing Address:			
3246 Elmore Pl Sarasota  FL 34239  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:				
Brandon Surline Name				
3246 Florida street address (P.O. Box <u>NOT</u> acceptable)				
Sarasota FL 34239 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)

Page 1 of 2

## 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 Member	Name and Address:			
mar	Brandon Surline 3246 Elmore Pl Sararota, FL 34239			
	TO THE TOTAL PROPERTY OF THE PARTY OF THE PA			
(Use attachment if necessary)	STATE AND A			
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.)				
Brandon Surtine 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)