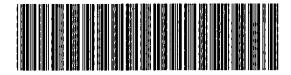
L12000022746

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
•	·	
(City	/State/Zip/Phone	- 10
(City)	Otate/Zip/Filone	Σπ)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
0000	ument Humber,	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
	-	

Office Use Only



200221690962

02/15/12--01026--014 **125.00

12 FEB 15 AM 10: 24

SECRETARY OF STATE
DIVISION OF CORPORATION

FEB 1'6 2012

COVER LETTER

	stration Section sion of Corporations
SUBJECT:	Breitner Design Name of Limited Liability Company
	Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	DANIEL BREITNER Name of Person
	BREITNER DESIGN Firm/Company
	12525 SW 69 Cf. Address
	MIANI, FL 33156 City/State and Zip Code DBRETTNER & GMAIL. COM E-mail address: (to be used for future annual report notification)
	DBREITNER & GMAIL. COM
For further in:	formation concerning this matter, please call:
DA	Name of Person at (786) 351-5791 Area Code & Daytime Telephone Number
Enclosed is a	a check for the following amount:
\$125.00 Filing	g Fee \$\int_\$130.00 Filing Fee & Certificate of Status \$\int_\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\int_\$160.00 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 CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
BREITNER DESIGN (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12525 Sw 69 Ct. MIAMI, FL 33156	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ared Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
PAUL D. BREI	ITNER
Name	^
ZOO S, BISCAY Florida street addr	ne Blvd Ste 1800 ress (P.O. Box NOT acceptable)
MIAMI, City, Stat	FL 37131 te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	scept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signature	ure (REQUIRED) 12 FEB
(CONTINI	

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:

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member MGR	DANIEL BREITNER 11525 S. 61 CT Miami, FL 33156	<u>-</u> -
		_ _ _
		-
		_
		_
(Use attachment if necessary)	OPTH	ONIAL)
CLE V: Effective date, if other than	n the date of filing: (OPTI	– ONAL) s days p
CLE V: Effective date, if other thar effective date is listed, the date mu	n the date of filing: (OPTI ist be specific and cannot be more than five busines	– ONAL) s days p
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) REQUIRED SIGNATURE:	est be specific and cannot be more than five busines	ONAL) s days p
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) REQUIRED SIGNATURE: Signature of a multiple days after days after the date of filing.)	ember or an authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are trainformation submitted in a document to the Department of States felony as provided for in s.817.155, F.S.)	s days p ue. e
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation I am aware that any false is constitutes a third degree in the section constitutes as a section constitutes as a section constitutes as the section constitutes as t	ember or an authorized representative of a member. n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are trainformation submitted in a document to the Department of Statutes.	s days p DIVISI Bue. 12 F
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation I am aware that any false is constitutes a third degree in the section constitutes as a section constitutes as a section constitutes as the section constitutes as t	ember or an authorized representative of a member. n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are truinformation submitted in a document to the Department of Statelony as provided for in s.817.155, F.S.)	s days p ue. e

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