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Effective Date 2-17-12

2012 FEB | 7 AM 9: 5

J. SAULSBERRY EXAMINER FEB 20 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BRIAN R. LOTT LLC Name of Limited Lightliny Company
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:
BRIAN LOTT Name of Person
Name of Person
Brian R LOTT LLC Firm/Company
Firm/Company
4342 BAYSIDE VILLAGE DEIVE #202
TAMPA, FL 33615 City/State and Zip Code BRIAN_Lott RAtt, Net E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
City/State and Zip Code BRIAN LOTT DATT NET
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
BeiAn LOTT at (813) 850-597 787 50
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
City/State and Zip Code DRIAN Lot+ Rath Net
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:

BRIAN R. LOTT LO	
(Must end with the words "Limited Liabi ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4342 BAYSIDE VILLAGE DE # 202 TAMPA, FC. 33615	#202 TAMPA, FL. 33615
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	
BRIAN LOT	
Name	
4342 BAYSID	e Village De #2000 10
Florida street ad	dress (P.O. Box NOT acceptable)

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.

TAMPA, FL 33615 City, State, and Zip

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	BRIAN LOTT 4342 BAYSIDE VILLAGE DR, #202 TAMPA, FL. 33615
<u> </u>	
	2012 FEB 1.TALLAHASS
(Use attachment if necessary)	AH 9:
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be speto or 90 days after the date of filing.)	cific and cannot be more than five business days prior

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.)

BRIAN R, LOTT

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)