112000068692

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Effective Date 5-15-12

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TALLAHASSEE FI OBLINA

J. SAULSBERRY EXAMINER

MAY 22 2012

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:		NTERPRISES, UC	_
	Name of Limi	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	BRAIAN	CRACIUA Name of Person	
		Name of Person	
	BRAIAN ENT	Firm/Company	
<u>.</u>	10103 SHEA	WOOD LANE, APT. 23	
	RIVERVIE	W, FL 33578 =	
	Ci	ty/State and Zip Code	2012 MAY 21
	E-mail address: (to be used	FOR future annual report notification)	-
For further informatio	n concerning this matter, pleas	<u> </u>	7
	CRA GUN e of Person	at (813) 562 -7249 Area Code & Daytime Telephone Number	AH 8: 32
Enclosed is a check	for the following amount:	· · · · · · · · · · · · · · · · · · ·	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &
	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	

والمعارف والمراجع وال

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Lia	ability Company is:				
BRAIAN (Must end with	ENTERPR the words "Limited Liabil	ISES L	.C.," or "LLC.")		
ARTICLE II - Address:			,		
The mailing address and stre	eet address of the pr	incipal office	of the Limited L	iability Cor	npany is:
Principal Office Address:		Mailing Ad	dress:		
APARTMENT 23 RIVERVIEW, FL	· · · · · · · · · · · · · · · · · · ·	APARTO	SHERWOOD MENT 23 WIEW, FL		•
ARTICLE III - Registered (The Limited Liability Company cambusiness entity with an active Florid	not serve as its own Regist				
The name and the Florida st	reet address of the r	egistered agen	ıt are:	Z SE	29
	BRAIRN CO	aciya		LAHA	Z012 MAY
	Florida street add	lress (P.O. Box N	OT acceptable)	ARY OF STATE SSEE, FLORID	21 AH & 32
	City, Sie	iie, aiiu zip		`	10

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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
<u>MGR</u>	BRAIAN CRACIUM 10103 SHERWOOD LAME, APT #23 RIVERVIEW, FL 33578	
	ZOIZ MAY	Parancy (Parancy)
	AR COSSE	Section of 1994 gray of 1994
(Use attachment if necessary)	H &: 32 FLORIDA	

ARTICLE V: Effective date, if other than the date of filing: May 15, 2012. (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.)

BRAIAH CRACIUM

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)