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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

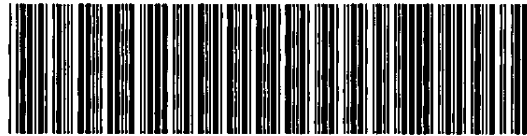
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**JUN 06 2012**  
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**FILED**  
**12 JUN -4 PM 4:02**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

# ARONOFF, ROSEN & HUNT

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May 29, 2012

Secretary of State of Florida  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: Brisben Properties LLC

Dear Sir/Madam:

Enclosed please find an original and one copy of Articles of Organization for Brisben Properties LLC, a new Florida limited liability company. Also enclosed is our firm check in the amount of \$160 to cover the filing fee, cost for Certificate of Status, and a certified copy. Also enclosed is self-addressed, stamped return envelope.

Please process these Articles as quickly as possible and return to me in the envelope enclosed your Certificate of Status and the certified copy of these Articles.

If you have any questions regarding this filing, please call me. Thank you.

Very truly yours,

ARONOFF, ROSEN & HUNT

  
Mark W. Reis

MWR/nc  
Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Brisben Properties 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:

Mark W. Reis  
Name of Person

Aronoff, Rosen & Hunt  
Firm/Company

2200 U.S. Bank Tower, 425 Walnut St.  
Address

Cincinnati, Ohio 45202  
City/State and Zip Code

mwreis@arh-law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark W. Reis at ( 513 ) 241-0400  
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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Brisben Properties 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:**

23 N. Beach Road

23 N. Beach Road

Hobe Sound, FL 33455

Hobe Sound, FL 33455

**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:

2012 MAY 25 AM 8:47:25

William O. Brisben

Name

23 N. Beach Road

Florida street address (P.O. Box NOT acceptable)

Hobe Sound

FL 33455

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..*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**FILED**  
12 JUN -4 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

William O. Brisben

23 N. Beach Road

Hobe Sound, FL 33455

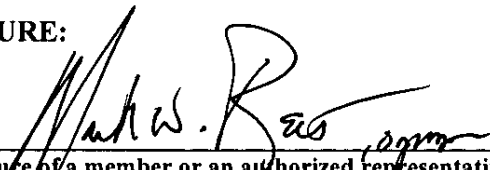
 

(Use attachment if necessary)

**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.)

Mark W. Reis, attorney-at-law

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)**