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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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> K.SALY EXAMINER JUL 17 2012

COVER LETTER

	legistration Section Division of Corporations	
SUBJECT	r. Right Brain Concepts LLC	
	Name of Limited Liability Co	ompany
The enclose	sed Articles of Organization and fee(s) are submitted for t	filing.
Please retur	arn all correspondence concerning this matter to the follow	wing:
De	esiree Ortiz Hilgers	
	Name of Perso	n
	Firm/Company	v
21	12 Matilda Court	,
	Address	
Orla	anda El 20006	
Offic	ando, FL 32806 City/State and Zip	Code
Des	esireerbc@gmail.com	0040
	E-mail address: (to be used for future annual	report notification)
For further	r information concerning this matter, please call:	
Desiree	Ortiz Hilgers at (407	, 473 - 1702
	Name of Person Area	Code & Daytime Telephone Number
Enclosed i	is a check for the following amount:	
√ \$125.00 Fil	Certificate of Status Certified	Filing Fee & \$\ \bigsquare\ \text{\$160.00 Filing Fee,} \\ \text{Certificate of Status & Certified Copy} \\ \text{(additional copy is enclosed)}
	Registration Section Registration of Corporations Division P.O. Box 6327 Clifter Tallahassee, FL 32314 2661	et/Courier Address stration Section sion of Corporations on Building Executive Center Circle shassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKIICUEI-	Name:		
The name of th	e Limited Liability Con	npany is:	
Right Brain C	oncepts LLC		
	(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing ad		of the principal office of the Limited Liability Company is:	
Principal Office Address:		Mailing Address:	
714 N. Thornton Ave.		714 N. Thornton Ave.	
#9 Orlando, FL 3	2006	Orlando, FL 32806	
Charluo, r L 3	2000		
The name and the Florida street address of t Desiree Ortiz Hilgers N			
212 Matilda Court		t mg = 0	
Florida stree		a street address (P.O. Box NOT acceptable)	
	Orlando,	FL 32806	
		City, State, and Zip	
Havino heen s		nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as	

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Wayne Fowks 2345 Kings Crest Rd Kissimmee, FL 34744 (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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.) Wayne Fowks 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)