

L12000105601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

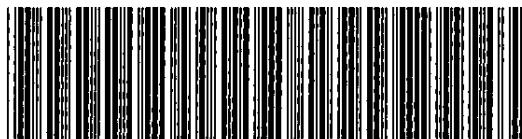
(Business Entity Name)

(Document Number)

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

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08/15/12--01013--015 \*\*130.00

EFFECTIVE DATE 10-1-12

FILED  
12 AUG 15 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
AUG 16 2012  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations  
Brett Innovations Group LLC.

SUBJECT: \_\_\_\_\_  
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:

Patrick Brett

\_\_\_\_\_  
Name of Person

Brett Innovations Group LLC.

\_\_\_\_\_  
Firm/Company

955 South Florida Avenue

\_\_\_\_\_  
Address

Bartow, Florida 33830

\_\_\_\_\_  
City/State and Zip Code

BigPatrickBrett@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Brett at ( 863 ) 5121299  
\_\_\_\_\_  
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

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TALLAHASSEE, FLORIDA  
AUG 15 2011

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Brett Innovations Group 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:**

955 South Florida Avenue  
Bartow, FL 33830

**Mailing Address:**

220 South Central Avenue  
Box 2446  
Bartow, FL 33831-2446

**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:

Patrick Brett

Name

955 South Florida Avenue

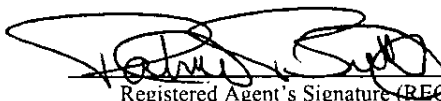
Florida street address (P.O. Box **NOT** acceptable)

Bartow

FL 33830

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

| <u>Title:</u>            | <u>Name and Address:</u> |
|--------------------------|--------------------------|
| "MGR" = Manager          |                          |
| "MGRM" = Managing Member |                          |
| MGR                      | Patrick Brett            |
| _____                    | 955 South Florida Avenue |
| _____                    | Bartow, FL 33830         |
| _____                    | _____                    |
| _____                    | _____                    |
| _____                    | _____                    |
| _____                    | _____                    |
| _____                    | _____                    |
| _____                    | _____                    |
| _____                    | _____                    |

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1 October 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.)

Patrick Brett \_\_\_\_\_  
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)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA