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(Re	equestor's Name)	
(Address)		
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PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	s of Status
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FILING CANCELLED RETURNED CHECK

04/19/13--01014--024 **160.00

EFFECTIVE DATE 4 16 2013

SEGRETARY OF STATE

13 APR 19 PH 3: 4:

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(850)	245-6051	

EFFECTIVE	DATE	
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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Brathwaite Lawn Maintenance Houskeeping
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:

Brathwalte Lawn Maintenance House keeps.

7401 NW 165+ Apt 101

Plantation FL 33313

City/State and Zip Code

about 1566 yahoo. com about 1561 @ yahoo. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel A Brathwaite Tr at (954) 394-309

Name of Person at (954) 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

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

FILING CANCELLED RETURNED CHECK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
Brathwaite Lawn Maintenance and Housekeeping 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: Maili	ng Address:		
7401 NU 165+ Apt 101 740 Dountaiton FL 33313 plan	1 NW 16 St Apt 10 10 10 10 10 10 10 10 10 10 10 10 10		
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Agen business entity with an active Florida registration.) The name and the Florida street address of the registere	t. You must designate an individual or another		
Daniel A Brathwaite Jr			
740 NW 16 St Apt 10 Florida street address (P.O. Box NOT acceptable)			
Dlantation FL City, State, and Z	33313 ip		
Having been named as registered agent and to accept so liability company at the place designated in this certifications agent and agree to act in this capacity. I find all statutes relating to the proper and complete performed agent the obligations of my position as registered.	ficate, I hereby accept the appointment as rther agree to comply with the provisions of mance of my duties, and I am familiar with		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

FILING CANCELLED

ARTICLE IV- Manager(s) or Managing Member(s): RETURNED CHECK 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	Daniel A Brathwaite Jr 7401 NW 16 St Apt 101 Plantation FL 33213
MGRIM	Sa Toafa 7401 UW 1657 Aprt 101 Plantation FL 33313
MORM	Letitia Waller 7401 WW 165t Apt 101 Plantation FL 33313
MGRM	Jessiaa Thompson 7401 NW 165t Apt 101 Plantation FL 33313
(Use attachment if necessary)	
	e date of filing: <u>1-16-13</u> . (OPTIONAL) at be specific and cannot be more than five business days
REQUIRED SIGNATURE:	. 0
OI a	Bultal L

(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.)

Signature of a member or an authorized representative of a member.

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)