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PICK-UP	☐ WAIT	MAIL .
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SECRETARY OF STATE

AUG - 6 2013 T CLINE

COVER LETTER

TO: Registration Section **Division of Corporations**

Brew Crew Team 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:

Michael Brewer Name of Person **Brew Crew Team LLC** Firm/Company 19249 SW 96th Loop Address **Dunnellon Florida 34432** City/State and Zip Code

brewcrew38@hotmail.com

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

For further information concerning this matter, please call:

Michael Brewer

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

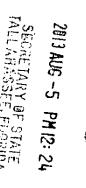
□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 FL	OKIDA LIMITED L	IABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:		
Brew Crew Team LLC		C. Ah
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC	λ")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Lim	nited Liability Company is:
Principal Office Address:	Mailing Address:	
19249 SW 96th Loop	11150 North Williams Stree	et #8
Dunnellon FL	Dunnellon FL	
34432	34432	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate	
Michael Brewer		
Name		-
19249 SW 96th Loop		
	iress (P.O. Box NOT accepta	shle)
Dunnellon	34432	ioie)
	FL 34432 ate, and Zip	•
City, Sta	ue, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complete and accept the obligations of my position as regions.	his certificate, I hereby a ity. I further agree to con e performance of my duti	iccept the appointment as mply with the provisions of ies, and I am familiar with
Mocha	Brewer_	
Registered Agent's Signati	ure (REQUIRED)	ZOI3 AUG SEGRETA TALL AHAS
(CONTIN	UED)	5
Page 1 of 2	!	-5 PM 12: 24 RY OF STATE SEE 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>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Me	ember
MGRM	Michael Brewer
	19249 SW 96th Loop
	Dunnellon FL 34432
MGRM	Kenny Brewer
	19249 SW 96th Loop
	Dunnellon FL 34432
(Use attachment if necessa	ury)
•	•
CLE V: Effective date, if ot	her than the date of filing: (OPTIONAL)
effective date is listed, the	date must be specific and cannot be more than five business
o or 90 days after the date	of filing.)
REQUIRED SIGNATUR)F.
KEQUIKED SIGNATUR	
11	7-11-
///	rella/US rem
	of a member on an authorized representative of a member
Signatur	e of a member or an authorized representative of a member.
(In accordance wi	th section 608.408(3), Florida Statutes, the execution of this document
(In accordance wi	·

Michael Brewer 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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