# 2/3000/26307

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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ALLAHASSEE, FI DEID.

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Brannon's All Engine Repair, 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:

# Name of Person Firm/Company 3199 168th Street Address Wellborn, FL 32094 City/State and Zip Code brannons.all.engine.repair@gmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Bo	rkiuna	<b>47386</b> 18	963-13	383
Name of Person		Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount:			
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing F Certified Copy		\$160.00 Filing Fee, Certificate of Status

# 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

&

(additional copy is enclosed)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	ame: Limited Liability Comp	pany is:	
Brannon's All Engine	Repair, LLC		
(	Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.'	)
ARTICLE II - A	Address:		
The mailing addi	ress and street address of	of the principal office of the Limit	ted Liability Company is:
Principal Office	Address:	Mailing Address:	
2921 County Road 2	52	3199 168th Street	
Lake City, FL 32024		Wellborn, FL 32094	
(The Limited Liability business entity with a	Company cannot serve as its on active Florida registration.)	gistered Office, & Registered Apown Registered Agent. You must designate at of the registered agent are:	
The name and the		of the registered agent are.	
Angela Borklund N		Name	ORIUE 29
	3199 168th Street		
	Florida	street address (P.O. Box NOT acceptable	le)
	Wellborn,	FL 32094	
		City, State, and Zip	
		and to accept service of process for	

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)

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 Memb	er
Manager	Nakeesha Cannon
	3199 168th Street
	Wellborn, FL 32094
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	<b>・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・</b>
<del></del>	
(Use attachment if necessary)	
	than the date of filing: date of filing (OPTIONAL)
enective date is listed, the da to or 90 days after the date of f	te must be specific and cannot be more than five business
o or 30 days after the date of t	ming.)
<b>REQUIRED SIGNATURE:</b>	
Signature of	a member or an authorized representative of a member.
•	
	ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.

(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.)

Nakeesha Cannon

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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