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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

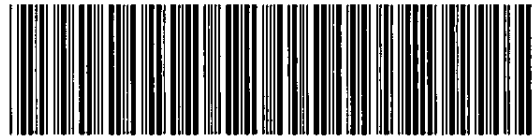
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BRAREN CO., LLC

Signature \_\_\_\_\_

Requested by: BA

10/31/13 AM

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_

\_\_\_\_ LTD Partnership File \_\_\_\_\_

\_\_\_\_ Foreign Corp. File \_\_\_\_\_

☒ L.C. File \_\_\_\_\_

\_\_\_\_ Fictitious Name File \_\_\_\_\_

\_\_\_\_ Trade/Service Mark \_\_\_\_\_

\_\_\_\_ Merger File \_\_\_\_\_

\_\_\_\_ Art. of Amend. File \_\_\_\_\_

\_\_\_\_ RA Resignation \_\_\_\_\_

\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_

\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_

\_\_\_\_ Cert. Copy \_\_\_\_\_

☒ Photo Copy \_\_\_\_\_

\_\_\_\_ Certificate of Good Standing \_\_\_\_\_

\_\_\_\_ Certificate of Status \_\_\_\_\_

\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_

\_\_\_\_ Corp Record Search \_\_\_\_\_

\_\_\_\_ Officer Search \_\_\_\_\_

\_\_\_\_ Fictitious Search \_\_\_\_\_

\_\_\_\_ Fictitious Owner Search \_\_\_\_\_

\_\_\_\_ Vehicle Search \_\_\_\_\_

\_\_\_\_ Driving Record \_\_\_\_\_

\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_

\_\_\_\_ UCC 11 Search \_\_\_\_\_

\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

\_\_\_\_ Courier \_\_\_\_\_

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CLERK OF CIRCUIT COURT

## **ARTICLES OF ORGANIZATION**

**OF**

**Braren Co., LLC**

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Pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes (2011), as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

### **ARTICLE I: NAME**

The name of this limited liability company (the "Company") shall be Braren Co., LLC.

### **ARTICLE II: ADDRESS**

The street address of the principal office of this company shall be 173 Indian Cove Lane, Ponte Vedra Beach, FL 32082. The mailing address of the principal office of this company shall be P.O. Box 378, Ponte Vedra Beach, FL 32004.

### **ARTICLE III: REGISTERED AGENT**

The initial registered office of this company shall be 230 Canal Blvd., Suite 4, Ponte Vedra Beach, FL 32082, and its initial registered agent at such office shall be Baron L. Bartlett.

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### **ARTICLE IV: MANAGEMENT OF THE COMPANY**

This company will be a member-managed company managed by one of its members in accordance with and subject to the requirements of the Act and the operating agreement of this Company.

The name and address of the member/manager is:

Managing Member:	Lauren Braren
	P.O. Box 378
	Ponte Vedra Beach, FL 32004

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FLORIDA

IN WITNESS WHEREOF, the undersigned, being the Managing Member of this company, has executed these Articles of Organization on behalf of this company in accordance with §608.407(4) of the Act.

Dated: October 30, 2013

Braren Co., LLC

By *Lauren Braren*  
Lauren Braren, Managing Member

STATE OF FLORIDA  
COUNTY OF ST. JOHNS

BEFORE ME, the undersigned authority, personally appeared Lauren Braren, as Managing Member of Braren Co., LLC, a Florida limited liability company, [ ☒ ] who is personally known to me or [ ☐ ] who has produced \_\_\_\_\_ as identification, and who executed the foregoing Articles of Organization and acknowledged to me that she executed said Articles freely and voluntarily and for the purposes expressed therein.

WITNESS my hand and seal this 30th day of October, 2013.

*Nancy L. Buchanan*  
NOTARY PUBLIC



NANCY L. BUCHANAN  
MY COMMISSION # DD 979797  
EXPIRES: April 16, 2014  
Bonded Thru Budget Notary Services

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ST. JOHNS COUNTY, FLORIDA

**CERTIFICATE DESIGNATING REGISTERED OFFICE AND  
REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with the Act, the following is submitted:

Braren Co., LLC is desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates Baron L. Bartlett, as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 230 Canal Blvd., Suite 4, Ponte Vedra Beach, FL 32082.

DATED this <sup>th</sup>30 day of October, 2013.

  
Baron L. Bartlett

Having been named to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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 company in complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated this <sup>th</sup>30 day of October, 2013

  
Baron L. Bartlett

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