## 113000155405

(Re	questor's Name)	
(Ad	dress)	- · ·
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FALLAHASSEE, FLORIDA

B. BOSTICK

NOV - 5 2013

EXAMINER

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Gary Brand Restoration Services, 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:

i icase tetutii an corresp	ondence concerning this man	of to the lottowing	,.			
Gary B	rand					
<u> </u>	······································	Name of Person				
Gary Bı	rand Restorat	ion Serv	ices, LL	С		
<del></del>		Firm/Company				
3960 O	ak Trail Run #	<del>4</del> 2704				
		Address		··	· , ·	
Port Or	ange, FL 321	27				
		y/State and Zip Cod	e			45. 5
gbrand3	36407@gmail.				<u> </u>	
	E-mail address: (to be used t	for future annual rep	ort notification)		ŽÃ	3
For further information	concerning this matter, please	call:			\$ 2	2019 NOY -4
Gary Brand	d	386	453-82	15	33.0	
Name	of Person	Area Cod	e & Daytime Telep	hone Number	108.0 13.4 13.4	PH 12: 08
Enclosed is a check for	or the following amount:					80
\$125.00 Filing Fce	□\$130.00 Filing Fee & Certificate of Status	U\$155.00 Fili Certified Co (additional co)	-	\$160.00 Fil Certificate Certified C (additional co	of Statu lopy	s &
	Mailing Address Registration Section Division of Corporations	Registra	Courier Address tion Section of Corporations			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar. The name of the Li	ne: mited Liability Company i	s:	
Gary Brand Restorat		bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		principal office of the Limited Li	ability Company is:
Principal Office A	ddress:	Mailing Address:	
3960 Oak Trail Run	#2704.	3960 Oak Trail Run #2704	
Port Orange, FL 321	<del></del>	Port Ornage, FL 32127	
	· · · · · · · · · · · · · · · · · · ·		
· ·	icuve rioriga registration.)		
The name and the I	ctive Florida registration.) Florida street address of the Gary Brand		2013 8É
The name and the I	Florida street address of the		2013 NO SECRE
The name and the I	Florida street address of the		2013 NOV -
The name and the I	Florida street address of the Gary Brand Nam 3960 Oak Trail Run #2704		MAK T
The name and the I	Florida street address of the Gary Brand Nam 3960 Oak Trail Run #2704	e	MAK T
The name and the I	Florida street address of the  Gary Brand  Nam  3960 Oak Trail Run #2704  Florida street a  Port Orange	ddress (P.O. Box <u>NOT</u> acceptable)	2013 NOV -4 PM 12: 1 SECREARY OF SEA TALLAHASSEE, FLOR
Having been name liability compan registered agent a all statutes relati	Florida street address of the  Gary Brand  Nam  3960 Oak Trail Run #2704  Florida street a  Port Orange	ddress (P.O. Box Notes 19 accept service of this certificate, acity. I further agete performance	OT acceptable)  of process for the I hereby accept the gree to comply without the comply duties, and

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Gary Brand
	3960 Oak Trail Run #2704 Port Orange, FL 32127
,	
•	
(I la a atta al mant : Farancana)	
(Use attachment if necessary)	
CLE V: Effective date, if other th	nan the date of filing: (OPTIONAL)
CLE V: Effective date, if other th	e must be specific and cannot be more than five business da
CLE V: Effective date, if other the	e must be specific and cannot be more than five business da
CLE V: Effective date, if other the	e must be specific and cannot be more than five business daing.)
CLE V: Effective date, if other the effective date is listed, the date to or 90 days after the date of filling.	e must be specific and cannot be more than five business daing.)
CLE V: Effective date, if other the effective date is listed, the date to or 90 days after the date of filling.	e must be specific and cannot be more than five business daing.)  7013 NOV
CLE V: Effective date, if other the effective date is listed, the date to or 90 days after the date of fill REQUIRED SIGNATURE:	member or an authorized representative of a member.
CLE V: Effective date, if other the effective date is listed, the date to or 90 days after the date of fill REQUIRED SIGNATURE:  Signature of a control of the effective date, if other the effective date is listed, the date of fill of the effective date is listed, the date of fill of the effective date is listed, the effective date is listed, the date of fill of the effective date is listed, the effective date is listed.	e must be specific and cannot be more than five business daing.)    TALLAHASS   TALLAHASS

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)

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

Page 2 of 2