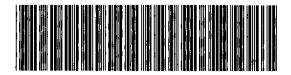
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(00	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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B. BOSTICK
DEC 3 1 2013
EXAMINER

## **COVER LETTER**

TO:

Registration Section '
Division of Corporations

# BRAND PROFIT GROUP LLC.

SUBJECT:

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			
	15715 SW 49 COU	IRT			
		Address		<del></del>	<del></del>
	Miramar, Florida 33	R027			
				****	
	Annual colfored at the at Occasion	City/State and Zip Coo	ie .	,	47. 4
	tropicalfoodsdirect@gmai			34.5	<u> </u>
	E-mail address: (to be us	sed for future annual rep	port notification)	۱۱۰۰ درن	10
For fu	rther information concerning this matter, ple	ease call:		<u>일</u> .	Ć.S
lo	anne Chin Loy	.678	793-8800	. 1	===
<u> </u>		at (	_)	====	 — ယ
	Name of Person	Area Coo	le & Daytime Telephone Nur	nber	O.

**□\$125.00** Filing Fee

\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

2) \$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 FLORIDA LIMITED LIABILITY COMPANY

BRAND PROFIT GRO			
(M	ust end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac	idress:		
The mailing addre	ss and street address of t	he principal office of the Limited I	Liability Company i
Principal Office	Address:	Mailing Address:	
15715 SW 49 COURT		15715 SW 49 COURT	
MIRAMAR FLORIDA 3	3027	MIRAMAR FLORIDA 33027	
(The Limited Liability C		tered Office, & Registered Agent Registered Agent. You must designate an indi	ividual or another
(The Limited Liability C business entity with an	ompany cannot serve as its own active Florida registration.) Florida street address of		ividual or another
(The Limited Liability C business entity with an	ompany cannot serve as its own active Florida registration.) Florida street address of  JOANNE MARIE CHIN LOY	Registered Agent. You must designate an indi	ividual or another
(The Limited Liability C business entity with an	ompany cannot serve as its own active Florida registration.) Florida street address of  JOANNE MARIE CHIN LOY	Registered Agent. You must designate an indithe registered agent are:	ividual or another  2115 Dtc 23 P
(The Limited Liability C business entity with an	ompany cannot serve as its own active Florida registration.) Florida street address of  JOANNE MARIE CHIN LOY  15715 SW 49 COURT	Registered Agent. You must designate an indithe registered agent are:	ividual or another  2115 Dtc 23 P
(The Limited Liability C business entity with an	ompany cannot serve as its own active Florida registration.) Florida street address of  JOANNE MARIE CHIN LOY  15715 SW 49 COURT	Registered Agent. You must designate an indi the registered agent are:	ividual or another  215 DEC 23 PR
(The Limited Liability C business entity with an	ompany cannot serve as its own active Florida registration.)  Florida street address of  JOANNE MARIE CHIN LOY  15715 SW 49 COURT  Florida street  MIRAMAR	Registered Agent. You must designate an indite the registered agent are:  Name  eet address (P.O. Box <u>NOT</u> acceptable)	ividual or another  2115 Dtc 23 P

Registered Agent's Signature (REGUTRED)

(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:

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

(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.)

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)