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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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LEMENTS APR 0 3 2014

COVER LETTER

	COVER DETTER.	
TO: Registration Section Division of Corporations		
SUBJECT: Brunson Enterprise	S LLC Name of Limited Liability Company	
The enclosed Articles of Organizati	ion and fee(s) are submitted for filing.	
Please return all correspondence co	encerning this matter to the following:	·
Shannon Brunson	Name of Person	
	Thank of Felson	
Brunson Enterprises	LLC Firm/Company	
188 Lodge Road	Address	
Freeport, FL 32439	City/State and Zip Code	
shoobaunoon@amoil.com	City/state and Zip Code	
shaebrunson@gmail.com E-mail add	lress: (to be used for future annual report notifi	cation)
For further information concerning	this matter, please call:	
Shannon Brunson Name of Person	at (<u>850</u>) <u>978-2852</u> Arca Code Daytime T	elephone Number
Enclosed is a check for the followin	g amount:	
	Filing Fee &	☐\$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

ARTICLE I - Name: The name of the Limited Liability Company is:			
• • •			
Brunson Enterprises LLC		•	
(Must end with the words "Limited Li	iability Company. "L.L.C" or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the principal offic	ce of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
188 Lodge Road	188 Lodge Road	,	
Freeport, FL	Freeport, FL		
32439	32439		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an indivi	dual or	
The name and the Florida street address of the registered ag	gent are:	S = 7	
InCorn Services INC	,	MAR	### B
InCorp Services, INC-	H A	55	***************************************
	(<u>a</u> (b)	聚 33	Personal State
17888 67th Court North	IN THE STATE OF TH	~< ⊕ 33>>	ù milled a
Florida street address (P.O. Box N	NOT acceptable)		()
Loxahatchee	FL 33470	STATE 848	
City	Zip Ş	π φ	
Having been named as registered agent and to accept servithe place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter Registered Agent's Signature (CONTINUE)	he appointment as registered agent and agree to all statutes relating to the proper and complete that ions of my position as registered agent as pro- 605, F.S Thom Sewices (REQUIRED)	to act in the performa ovided for	his ance · in

Page 1 of 2

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Shannon Brunson
<u></u>	188 Lodge Road
	Freeport, FL 32439
	
	
(Use attachment if necessary)	
EV: Effective date, if other than the dat	e of filing: (OPTIONAL)
EV: Effective date, if other than the dat	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be suffiling.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the date ective date is listed, the date must be suffiling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document to the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)

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