L14000061745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BRUMFIELD'S INTERIOR INNOVATIONS, 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:

LARRY DWAYNE BRUMFIELD
Name of Person

Firm/Company

3535 ROBERTS AVE. LOT 161
Address

TALLAHASSEE FLORIDA 32310
City/State and Zip Code

larbrum1@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

LARRY BRUMFIELD at (850) 321-0193
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & *Certificate of Status* ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☑ $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:

BRUMFIELD'S INTERIOR INNOVATIONS, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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APPROVED AND FILED

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3535 ROBERTS AVE. LOT 161
TALLAHASSEE FLORIDA
32310

Mailing Address:

3535 ROBERTS AVE LOT 161
TALLAHASSEE FLORIDA
32310

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

LARRY BRUMFIELD
Name

3535 ROBERTS AVE LOT 161
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE FL 32310
City Zip

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 605, F.S..

Larry Brumfield
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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APPROVED FLSOS

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
AMBR	LARRY BRUMFIELD 3535 ROBERTS AVE TALLAHASSEE FL. 32310

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Larry Brumfield

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

LARRY BRUMFIELD
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)