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SOFFICIENT APPLICATION OF STREET

14 APR 18 PH 2: 34

K. SALY EXAMINER

APR 1 8 2014

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Brother Henry Construction, 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:
Gresory Henry Name of Person
Brother Henry Construction Film/Company
1131 Fern wood DR
Tallahassee 7/9 32304 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John poster LLC at Vahoo. Com Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ (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:

ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:	
Principal Office Address:  1131 Fern wood Road 1611ahassee Fla	Mailing Address:	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Registered Agent. You must designate an individua	ıl or
The name and the Florida street address of the registered at the Port of the P	NOT acceptable)	14 APR 18 PN 2: 34
Having been named as registered agent and to accept serve the 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 obligation.  Chapte  Registered Agent's Signature.	the appointment as registered agent and agree to ac f all statutes relating to the proper and complete per gations of my position as registered agent as provia er 605, F.S.	ct in this rformance

(CONTINUED)

Page 1 of 2

itle.	Name and Address:
MBR = Authorized Member MGR" = Manager	(A) a d/ ~ c
AMBR	Gregory Henry
	Tallahussee 7/9 3
	11) FEMWOOD ROUT
V: Effective date, if other than the dative date is listed, the date must be specified.	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or
V: Effective date, if other than the dative date is listed, the date must be sparse.	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or
tive date is listed, the date must be specifications.)  VI: Other provisions, if any.	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or
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V: Effective date, if other than the date tive date is listed, the date must be splitting.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a m	ender or an authorized representative of a member.
V: Effective date, if other than the date tive date is listed, the date must be spling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und	pecific and cannot be more than five business days prior to or  when the property of a member.  O5.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the date tive date is listed, the date must be spling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or  the most of a member.  O5.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.  It is a document to the Department of State.
V: Effective date, if other than the date tive date is listed, the date must be spling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info constitutes a third degree felo	nember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.  rmation submitted in a document to the Department of State any as provided for in s.817.155, F.S.)
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