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SECRETARY OF STATE

WAY 15 20TH
J. HARRIS

## COVER LETTER

TO: Registration Division of	on Section Corporations		•
SUBJECT:	High Brow LLC Name of Lin	nited Liability Company	
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.	
Please return all corr	respondence concerning this m	atter to the following:	
	Alexander Borst		
		Name of Person	
	High Brow LLC		
		Firm/Company	
	217 230 Stree	l Al	
	21. 20 0/14	Address	
	St Petersburg,	FL 33713	
a	lex borst annail. And	City/State and Zip Code  d for future annual report notifica	<del> </del>
For further informati	on concerning this matter, plea		ition)
Alex Bore	at (_		ephone Number
Enclosed is a check t	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)
<u>M</u>	ailing Address	Street/Courier Add	ress

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 1 - Name: The name of the Limited Liability Company is:		
High Brow LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
217 23rd Street N  Unit A  St Petersburg FL 33713  217 23rd Street N  Unit A  St Petersburg FL 33713		
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 another business entity with an active Florida registration.)	dual or	r
The name and the Florida street address of the registered agent are:  Alexander Borst  Name		
217 23rd Street N. Unit A Florida street address (P.O. Box NOT acceptable)		
St Petersburg FL 33713 City Zip		
Having been named as registered agent and to accept service of process for the above stated limited liabil the place designated in this certificate, I hereby accept the appointment as registered agent and agree a capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete of my duties, and I am familiar with and accept the obligations of my position as registered agent as pro-	to act ii e perfor	n this rmance
Registered Agent's Signature (REQUIRED)	14 HAY	BIVISION I
(CONTINUED)	-9	25. 25. 25.
Page 1 of 2	64 : 1 Hd	E SIAIL

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
President	Alexander Borst 217 230 Street N. Unit A St Petersburg, FL 337.13
(Use attachment if necessary)	
fective date is listed, the date must be specific	iling: (OPTIONAL) c and cannot be more than five business days prior to or 90
	Bat
Signature of a member (In accordance with section 605.02 constitutes an affirmation under the	ror an authorized representative of a member.  103 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817.155, F.S.)