

L140000089559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

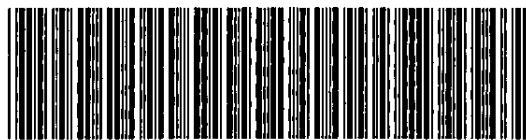
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/29/14--01013--019 \*\*160.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
14 MAY 29 PM 12:37

JUN 04 2014  
J. HARRIS

Victoria Willingham  
Brookmont Holdings, LLC  
937 Brookmont Avenue East  
Jacksonville, FL 32211

26 May 2014

Registration Section  
Florida Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

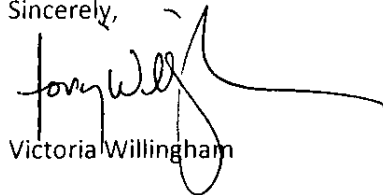
To Whom It May Concern:

Enclosed please find the completed and signed Articles of Incorporation for  
Brookmont Holdings, LLC  
c/o Victoria Willingham  
937 Brookmont Avenue East  
Jacksonville, FL 32211  
telephone: 954 292 9313  
email: torywillingham@bellsouth.net

Also enclosed you will find a check for \$160.00 for the Filing Fee, Certificate of Status & Certified Copy  
for the aforementioned LLC.

Thank you for your consideration.

Sincerely,



Victoria Willingham

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Brookmont Holdings, 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:

Victoria Willingham  
Name of Person

Brookmont Holdings, LLC  
Firm/Company

937 Brookmont Avenue East  
Address

Jacksonville, FL 32211  
City/State and Zip Code

torywillingham@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria Willingham at ( 954 ) 2929313  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

Brookmont Holdings, 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:

937 Brookmont Avenue East  
Jacksonville, FL 32211

937 Brookmont Avenue East  
Jacksonville, FL 32211

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.)

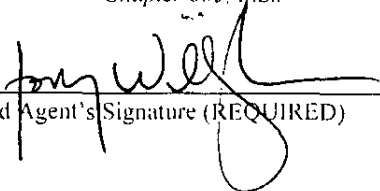
The name and the Florida street address of the registered agent are:

Victoria Willingham  
Name

937 Brookmont Avenue East  
Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 32211  
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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
16 MAY 29 PM 12:37

**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Victoria Willingham

937 Brookmont Avenue East

Jacksonville, FL 32211

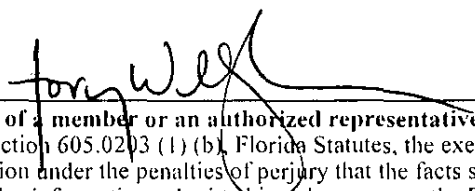
(Use attachment if necessary)

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:

  
\_\_\_\_\_  
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.)

Victoria Willingham

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)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY 29 PM 12:37