

L14 00 0096230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

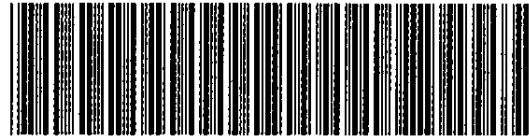
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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06/16/14--01018--001 \*\*155.00

SCOTT COUNTY  
TALLAHASSEE, FLORIDA  
14 JUN 16 PM 12:09

J. Silvers JUN 16 2014



KINSEY VINCENT PYLE  
ATTORNEYS AT LAW

150 South Palmetto Avenue, Suite 300, Daytona Beach, Florida 32114  
Telephone (386) 252-1561 / Facsimile (386) 254-8157

June 11, 2014

Department of State  
Division of Corporations  
Corporate Filings  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Brain 4 Gain, LLC

Dear Sir/Madam:

Enclosed for filing please find the original and one copy of the Articles of Organization For Florida Limited Liability Company for the above referenced limited liability company, together with a check in the amount of \$155.00 for the following:

Filing fee: \$125.00

Certified Copy: \$ 30.00

Kindly return the certified copy of the Articles of Organization to this office.

If you have any questions regarding this matter, please contact me.

Very truly yours,



Drew C. Williams

DCW/saw  
Enclosures

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OVER 60 YEARS OF EXCELLENCE

Roy E. Kinsey  
1917 - 1984

C. Aubrey Vincent, Jr.  
1919 - 1977

Frank L. Pyle  
1919 - 1988

9939/22725/6

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Brain 4 Gain, 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:

Drew C. Williams

Name of Person

Kinsey, Vincent, Pyle, P. L.

Firm/Company

150 S. Palmetto Avenue, Suite 300

Address

Daytona Beach, Florida 32114

City/State and Zip Code

dcw@kyplaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Drew C. Williams, Esquire

Name of Person

at ( 386 )

Area Code

252-1561

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

16 JUN 16 09:10:09  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brain 4 Gain, 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:

14 Royal Tern Lane  
Palm Coast, Florida 32164

Same as above.

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:

Drew C. Williams

Name

150 S. Palmetto Avenue, Suite 300

Florida street address (P.O. Box **NOT** acceptable)

Daytona Beach

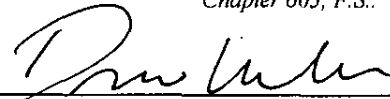
FL

32114

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)

STATE OF FLORIDA  
TALLAHASSEE  
17 JUN 15 09:10:00

**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:**

MGR

Charles Reyes

21 Sentinel Trail

Palm Coast, Florida 32164

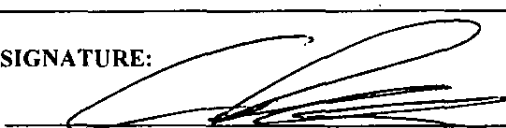
(Use attachment if necessary)

**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.)

Charles Reyes

Typed or printed name of signee

**Filing Fees:**

✓ \$25.00 Filing Fee for Articles of Organization and Designation of Registered Agent

✓ \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
14 JUN 16 PM 12:00  
644