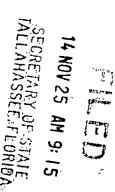
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(Red	questor's Name)	
(Ado	dress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	



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COVER LETTER

	gistration vision of C	Section Corporations			
SUBJECT		1EYER V Name of	ON Limited	BREMEN Liability Company	100
The enclose	d Articles	of Organization and fee(s) are su	bmitted for filing.	
Please retur	n all corres	spondence concerning thi	s matter	to the following:	
	٨	IR. KLAU	S	KUBY	
			N	ame of Person	
	<u> </u>	2	F	irm/Company	
	4	924 SAN	DS	BL VD Address	
				Address	· · · · · · · · · · · · · · · · · · ·
	61	APE CORA	4	FL 33914	
			City/s	state and Zip Code	
	K	E-mail address: (to be	used for	OL.COM future annual report notific	ation)
For further		n concerning this matter,			
K	LAU9 Nam	E KUBY are of Person	t (<u>2.</u> Ar	39 549 - 5 ea Code Daytime Te	elephone Number
Enclosed is	a check fo	r the following amount:			
\$125.00 Fil	ing Fee	□\$130.00 Filing Fee & Certificate of Status		\$155.00 Filing Fee & Certified Copy dditional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mai</u>	ling Address		Street/Courier Add	Iress

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 I - Name: The name of the Limite	ed Liability Company is:		
	• • •		
MEYER	VON BREMEN Must end with the words "Limited I	LLC	
1)	Must end with the words "Limited l	Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address an	ss: ad street address of the principal of	fice of the Limited Liability C	ompany is:
Principal Office Addr	ess:	Mailing Address:	
HEYER VON BR	EMEN LLC S BLVD	MEYER VON E 4924 SANDS CAPE CORAL	BLVD
CAPE CORAL	S BLVD FL 33914	CAPE CORAL	FL 33914
(The Limited Liability another business entity	tered Agent, Registered Office, & Company cannot serve as its own I with an active Florida registration	Registered Agent. You must d	
The name and the Flori	da street address of the registered	_	
	NAME 4924 SAND	KUBY	
	Name	_	
	4924 SAND	IS BLVD	
	Florida street address (P.O. Box	NOT acceptable)	
	CAPE CORAL City	FL 33914	
	City	Zip	
the place designated capacity. I further ag	<u> </u>	the appointment as registered fall statutes relating to the progations of my position as regiser 605, F.S	agent and agree to act in this oper and complete performance stered agent as provided for in
	Registered Agent's Signati		CRETAR)
	(CONTINUE	LD)	
	Page 1 of 2		AM 9: 1

<u> itle:</u>	Name and Address:
AMBR" = Authorized Member *	
AMBR" = Authorized Member ★ MGR" = Manager AMBR	(HPICTOPH R HEYED BREMEN!
77/DX	CHRISTOPH B. HEYER BREMEN 163 SW 51ST TER CAPE CORAL FL 33914
	CAPE CORAL FL 33914
	
	
V: Effective date, if other than the date tive date is listed, the date must be sp	of filing: ///20/20/4 (OPTIONAL) ecific and cannot be more than five business days prior to or 90
Use attachment if necessary) V: Effective date, if other than the date tive date is listed, the date must be spanishing.) VI: Other provisions, if any.	of filing: ///20/20/4 (OPTIONAL) ecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	of filing: ///20/20/4 (OPTIONAL) ecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of penalt
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felon	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are time, mation submitted in a document to the Department of States y as provided for in s.817.155, F.S.)
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felon	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are time, mation submitted in a document to the Department of Station y as provided for in s.817.155, F.S.)