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SECRETARY OF STATE
TALLAHASSEF, FIREIR

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 6 & R Brothers Enterprises, 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:
Joseph C. Dominguez Name of Person
G&R Brothers Enterprises, LLC Firm/Company
1813 N. TAMPA St. Address
City/State and Zip Code JC@+5ilegal.Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
T.C.Dominguez at (\$13) 282 - 0074 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$155.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)}\$\$ \$\$ \$160.00 Filing Fee, \text{Certificate of Status & Certified Copy} (additional copy is enclosed)}\$\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
G & R Brothers E (Must end with the words "Limited I	- nterpri		LCC LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited L	iability Comp	oany is:
Principal Office Address:	Mailing Address	<u>.</u>	
1813 N. TAMPA ST. TAMPA FL 33602	P.O. BO	3367	7-9
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration.)	Registered Agent. Yo		
The name and the Florida street address of the registered a	agent are:		
J. C. Domingue Name 1813 N TAMPA	e 2		
1813 U Tampa S Florida street address (P.O. Box)	NOT acceptable)		
TPA-City	FL 33	3602	
City	Zip		
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation. Chapte	the appointment as r fall statutes relating	egistered age to the proper	nt and agree to act in this and complete performance
Registered Agent's Signatu	re (REQUIRED)		No.
(CONTINUE	D)		15 JAN 12 CORETARY
Page I of 2			12 AM 8:57 RY OF STATE SEE FLORIDA

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Joseph C. Dominguez
AMBR	Jennifix Dominguez
AM BR	Grant Dominguez
AMBR	Reid Dominguez
(Use attachment if necessary) E V: Effective date, if other than the date o	of filing: / - /5 - /5 (OPTIONAL)
E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	of filing: / - /5 - /5 . (OPTIONAL) cific and cannot be more than five business days prior to or
E V: Effective date, if other than the date o	of filing: / - 15 - 15 . (OPTIONAL) cific and cannot be more than five business days prior to or
E V: Effective date, if other than the date of ective date is listed, the date must be specifilling.) E VI: Other provisions, if any.	of filing: / - 15 - 15 . (OPTIONAL) cific and cannot be more than five business days prior to or
E V: Effective date, if other than the date of ective date is listed, the date must be specifilling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under	Ther or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are frue.
E V: Effective date, if other than the date of petive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a memory of a memory of the section 605 constitutes an affirmation under I am aware that any false information constitutes a third degree felony	Depor an authorized representative of a member. 20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
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