

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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300268547913

01/26/15--01032--024 **125.00



J. Shilvers FEB 0 3 7775

COVER LETTER

TO: Registration Division of C	Section Corporations	·	
SUBJECT: <u>Bryan</u>	Fengler, LLC Name of Lir	nited Liability Company	
The enclosed Articles	of Organization and fee(s) an	re submitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
Brya	n Fengler	Name of Person	
Bryai	n Fengler, LLC	Firm/Company	
2705 1	N.E. 10th Street		
		Address	
Pomp	ano Beach, FL 33062	City/State and Zip Code	
BFen	gler93@yahoo.com	d for future annual report notifica	ation)
For further informatio	n concerning this matter, plea		mon,
Bryan Fengler	at (
Nan	ne of Person	Area Code Daytime Te	lephone Number
Enclosed is a check fo	r 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)
Mai	ling Address	Street/Courier Add	***

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:	
Bryan Fengler, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	
Principal Office Address:	Mailing Address:
2705 NE 10th Street Pompano Beach, FL 33062	(Same)
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
<u>Bryan Fengler</u> Name	
2705 NE 10th Street	
Florida street address (P.O. Box N	IOT acceptable)
Pompano Beach,	FL 33062
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this call statutes relating to the proper and complete performance cations of my position as registered agent as provided for in 605, F.S
Registered Agent's Signatur	Ass.
Registered Agent's Signatur	AND

Page 1 of 2

ARTICLE IV- The name and address of each person au	thorized to manage and control the Limited Liability Compan	y:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR/MGR	Paran Fonder	
AWDIVIWOR	Bryan Fengler 2705 NE 10th Street	
	Pompano Beach, FL 33062	
MGR	Angela Fengler	
	2705 NE 10th Street	
	Pompano Beach, FL 33062	
		_
		_
		
		_
(Use attachment if necessary)	•	
fective date is listed, the date must be spe	of filing: 01/17/2015 (OPTIONAL) ecific and cannot be more than five business days prior to o	r 90 da
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of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to o	r 90 da
of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Byan Jyn	ecific and cannot be more than five business days prior to o	r 90 da
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation unde I am aware that any false inform	ember or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this documer the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State	
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