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TALLAHASSEE, FLORIDA

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N. Cuffigan MAR 30 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BRODY AUTOMOTIVE, 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:

STEVEN I. GREENWALD, ESQ.  
Name of Person

LAW OFFICES OF STEVEN I. GREENWALD, P.A.  
Firm/Company

6971 North Federal Highway, Suite 105  
Address

Boca Raton, FL 334987  
City/State and Zip Code

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

For further information concerning this matter, please call:

Steven I. Greenwald at ( 561 ) 994-5560  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" 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 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:

BRODY AUTOMOTIVE, 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:

17556 Lake Estates Drive  
Boca Raton, FL 33496

17556 Lake Estates Drive  
Boca Raton, FL 33496

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:

ELLIOT J. BRODY

Name

17556 Lake Estates Drive

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

Boca Raton

FL 33496

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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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

ELLIOT J. BRODY

17556 Lake Estates Drive

Boca Raton, FL 33496

AMBR

HELENE A. BRODY

17556 Lake Estates Drive

Boca Raton, FL 33496

AMBR

JEFFREY BRODY

21654 Marigot Drive

Boca Raton, FL 33428

AMBR

BRADLEY M. BRODY

13901 South Shore Drive

Clive, IA 50325

(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.)

ELLIOT J. BRODY

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)

STATE  
FIDELITY & SECURITY  
FLORIDA

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ARTICLE IV Continued:

<u>Title</u>	<u>Name and address</u>
AMBR	Steven I. Greenwald 6971 N. Federal Highway, Suite 105 Boca Raton, FL 33487

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CLERK OF DISTRICT COURT  
JALAPASSO, FLORIDA