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(Requestor's I	Name)
(Address)	
(Address)	
(City/State/Zip	n/Phone #)
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(Document No	umber)
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TO:

Division of Corporations
SUBJECT: BRADFORD HOME IMPROVEMENTS 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:
Brad Brennan
Name of Person
BRADFORD HOME IMPROVEMENTS LLC
Firm/Company
5884 Morningstar Circle Apt #106
Address
Delray Beach/ FL 33484
City/State and Zip Code
BradfordBHi@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brad Brennan at (561) 5739768
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status (additional copy is enclosed) S155.00 Filing Fee & Certificate of Status & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

_iability Company, "L.L.C.," or "LLC.")
ice of the Limited Liability Company is:
Mailing Address:
5884 Morningstar Circle Apt #106 Delray Beach, FL 33484
z Registered Agent's Signature: Registered Agent. You must designate an individual or .)
gent are:
and the first control of the control
06
NOT acceptable)
FL 33484
Zip
vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Owner/ MGR	Brad Brennan
	5884 Morningstar Circle Apt #106
	Delray Beach, FL 33484
	· · · · · · · · · · · · · · · · · · ·
With the state of	
(Use attachment if necessary)	
•	
LE V: Effective date, if other than the date of	of filing:
LE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.)	
CLE V: Effective date, if other than the date of ffective date is listed, the date must be speed of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the date of ffective date is listed, the date must be spece of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	
CLE V: Effective date, if other than the date of ffective date is listed, the date must be spece of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)