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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>Brother Brother, LLC</u> Name of Li	mited Liability Company	<del> </del>
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Dwayne K Anderson	Name of Person	<del> </del>
		. wine of a disen	
		Firm/Company	
	1370 Myakka Rd	Address	
	Sarasota, Florida 34240	City/State and Zip Code	
_d\	wayneanderson@myakka.com E-mail address: (to be use	ed for future annual report notifica	tion)
For fur	ther information concerning this matter, ple	ase call:	
Dway	ne K Anderson at (  Name of Person	941 ) 915-9223 Area Code Daytime Tel	ephone Number
	ed is a check for the following amount:  10 Filing Fee   \$\sum_{\text{S130.00}} \text{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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Brother Brother, 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 of	Fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1370 Myakka Rd	1370 Myakka Rd
Sarasota, FL 34240	Sarasota, FL 34240
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own lanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
Dwayne K Anderson	
Name	
1370 Myakka Rd Florida street address (P.O. Box	NOT acceptable)
Sarasota	FL 34240
City	Zip
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 obli	R 16
Page 1 of 2	AM II: 0

R	K Anderson kka Rd FL 34240 Anderson	
Dwayne 1370 My. Sarasota  R  Angelia E 1370 My. Sarasota  R  Bradley I 1370 My. Sarasota  R  Brett K A 1370 My. Sarasota  R  Brett K A 1370 My. Sarasota  attachment if necessary)  Effective date, if other than the date of filing: date is listed, the date must be specific and cannot be g.)  Other provisions, if any.  DIRED SIGNATURE:  Signature of a member or an authori (In accordance with section 605.0203 (1) (b), Floric constitutes an affirmation under the penalties of per	kka Rd FL 34240 Anderson	
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5.00 Filing Fee for Articles of Organization and Desi	a Statutes, the execution of this document ury that the facts stated herein are true document to the Department of State .817.155, F.S.)  Adapted me of signee	

ARTICLE IV-

Page 2 of 2