L1500@17869

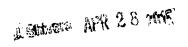
(Address)	500
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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Brewster Motor Werks LLC

Owner: Aaron M Brewster

Telephone: 813 – 393 – 7116

Email: <u>aaron@brewstermotorwerks.com</u>

Website: <u>www.BrewsterMotorWerks.com</u>

Company Address:

6515 E Adamo Drive

Tampa, Florida 33619

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Brewster Motor Werks LLC Name of Lin	mited Liability Company	
The er	nclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Aaron Brewster	Name of Person	
	Brewster Motor Werks LLC	Firm/Company	
	6515 E Adamo Drive	Address	
	Tampa, Florida 33619	City/State and Zip Code	
<u>aa</u>	aron@brewstermotorwerks.com E-mail address: (to be use	d for future annual report notifica	tion)
For fu	rther information concerning this matter, ple-	ase call:	
<u>Aaron</u>	Name of Person		ephone Number
_	oo Filing Fee \$\square\$	□\$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 Liabi	ity Company is:		
The name of the Emilieu Day.	ny company is.		
Brewster Motor Werks LLC		W. I.C. "	(410.2)
(Must en	with the words "Limite	d Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limited Liability Co	ompany is:
Principal Office Address:		Mailing Address:	
6515 E Adama Drive Tampa, Florida 33619		18505 Avocet Drive Lutz, Florida 33558	
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with a	ny cannot serve as its ow	e, & Registered Agent's Signaturn Registered Agent. You must de ion.)	ire: esignate an individual or
The name and the Florida stree	t address of the registere	ed agent are:	
<u>Aaron</u>	Brewster		
	Nan	ne	
	Avocet Drive a street address (P.O. Bo	ox NOT acceptable)	
Lutz		FL 33558	
	City	Zip	
the place designated in this capacity. I further agree to d	certificate, I hereby acco comply with the provision liar with and accept the o	service of process for the above stept the appointment as registered as of all statutes relating to the probbligations of my position as regisupter 605, F.S	agent and agree to act in this oper and complete performance
	135	2	Ž8
	Registered Agent's Sign	nature (REOUIRED)	15 A
	(CONTIN		PR 20 AI
	Page 1 o	r2	

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager MGR & AMBR	Agran Provintor
MOK & AMDIX	Aaron Brewster 18505 Avocet Drive
	Lutz, Florida 33558
AAADD	0.110
AMBR	Crystal Brewser 18505 Avocet Drive
	Lutz, Florida 33558
	
Use attachment if necessary) CV: Effective date, if other than the detive date is listed, the date must be I filing.)	ate of filing: <u>04.16.2015</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the detive date is listed, the date must be	ate of filing: <u>04.16.2015</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 9
CV: Effective date, if other than the detive date is listed, the date must be filling.)	ate of filing: 04.16.2015 (OPTIONAL) specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation under the section constitutes and affirmation constitutes and af	member or an authorized representative of a member of 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the detive date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false interests.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are fruit. formation submitted in a document to the Department of States lony as provided for in s.817.155, F.S.)
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false interests.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are fruit formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
Signature of a (In accordance with section constitutes an affirmation ur I am aware that any false introduced in the constitutes a third degree fellows.	member or an authorized representative of a member of