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(Requestor's Name)
(Address)
(Address)
(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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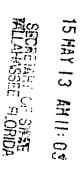
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COVER LETTER

	Registration : Division of C				
SUBJEC		ERSALL IN ONELLC			
SODJISC	·•·	Name of	Limited Liabili	ity Company	
The encl	osed Articles o	of Organization and fee(s)	are submitted	for filing.	
Please re	turn all corres	pondence concerning this	matter to the f	ollowing:	
	BRANDO	N THOMAS JOSEPH			
			Name of	Person	
	BROTHE	RSALL IN ONELLC			
			Firm/Co	mpany	
	137SALE	M COURTSUITEC			
			Addr	ess	······································
	TALLAHA	SSEE FLORIDA 32301			
	305BROTH	ERSALLINONE@GM/	City/State and	d Zip Code	
		E-mail address: (to be us	sed for future a	nnual report notificati	on)
For further	r information c	oncerning this matter, ple	ase call:		
	BRANON		305	733-4544	
	Na	me of Person		Daytime Telephone	e Number
Enclosed	is a check for	the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis P.O. 1	ing Address tration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			•
The name of the Limited Liability Company is:			
305 BROTHERSALL IN ONEL.L.C.			
	-		
(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:			
BROTHERSALL IN ONE LLC 137 SALEM COURT SUITE G 38 72 Mayella To: 137 SALEM COURT SUITE G 38 72 Mayella To: 137 SALEM COURT SUITE G 38 72 Mayella To: 137 SALEM COURT SUITE G 38 72 TALLAHASSEE FL 32303	_Magel	lan	Trai
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:	Sick	5 HAY 13	
BRANDON THOMAS JOSEPH	表記		77717
Name	新兴		
3872MAGELLAN TRAIL	±,	=	ري
Florida street address (P.O. Box NOT acceptable)	ES A	W II: 03	
TALLAMASSEE EL 20202	O in	()	

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..

State

Zip

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Memb	
"MGR" = Manager	
MANAGER	BRANDON THOMAS JOSEPH
	3872MAGELLAN TRAIL
	TALLAHASSE FL 32303
AMBR	JOFREETHOMAS JOSEPH
	3872MAGELLAN TRAIL - PSO CT
	TALLAHASSEE FL 32303
	TALLAHASSEE FL 32303 50 FT ALLAHASSEE FL 32305 50 FT ALLAHASSEE FL 32305 50 FT ALLAHASSEE FL 323
AMBR	RUDY THOMAS JOSEPH 55
	3872MAGELLAN TRAIL
	TALLAHASSEE FL 32303
	TALLAHASSEE FL 32303
	on the date of filing: MAY 13TH 2015 (OPTIONAL)
effective date is listed, the date re e of filing.) If the date inserted in this block current's effective date on the De	nust be specific and cannot be more than five business days prior to or 90 days all does not meet the applicable statutory filing requirements, this date will not be listed
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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)