

L15000083680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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15 MAY 13 AM 11:02  
DEPARTMENT OF REVENUE

15 MAY 13 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

T. Bush MAY 13 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BROTHERSALL IN ONE 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:

BRANDON THOMAS JOSEPH

\_\_\_\_\_  
Name of Person

BROTHERSALL IN ONE LLC

\_\_\_\_\_  
Firm/Company

137 SALEM COURT SUITE C

\_\_\_\_\_  
Address

TALLAHASSEE FLORIDA 32301

\_\_\_\_\_  
City/State and Zip Code

305BROTHERSALLINONE@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRANON JOSEPH

305

733-4544

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 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 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:

305 BROTHERSALL IN ONE L.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:

305 BROTHERSALL IN ONE LLC

137 SALEM COURT SUITE G 3872 Magellan Trail  
TALLAHASSEE FL 32301 32303

305 BROTHERSALL IN ONE LLC

137 SALEM COURT SUITE G 3872 Magellan Trail  
TALLAHASSEE FL 32303

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:

BRANDON THOMAS JOSEPH

Name

3872 MAGELLAN TRAIL

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

TALLAHASSEE FL 32303

City

State

Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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..

Brandon Joseph

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER

**Name and Address:**

BRANDON THOMAS JOSEPH

3872MAGELLAN TRAIL

TALLAHASSEE FL 32303

AMBR

JOFREETHOMAS JOSEPH

3872MAGELLAN TRAIL

TALLAHASSEE FL 32303

AMBR

RUDY THOMAS JOSEPH

3872MAGELLAN TRAIL

TALLAHASSEE FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MAY 13TH 2015 (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.)

JOFREETHOMAS JOSEPH

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)**