

L150000 88184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

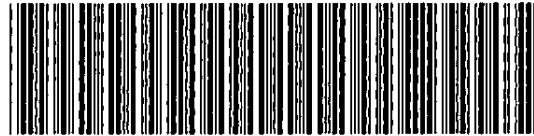
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/20/15--01001--021 **160.00

EFFECTIVE DATE

5/16/15

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

15 MAY 19 PM 3:40

RECEIVED
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DIVISION OF CORPORATIONS
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15 MAY 19 PM 3:48

APPROVED
AND
FILED

MAY 19 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brashton Investment Properties, 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:

Tonya Suber-Duncan
Name of Person

Firm/Company

~~Brashton Investment Properties, LLC~~ P.O. Box 245
Address

~~Brashton Investment Properties, LLC~~ St. Marks, FL 32355
City/State and Zip Code

AshtonTransport@Hotmail.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tonya Suber-Duncan (850) 925-1964 or 251-8338
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE

5/16/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brashton Investment Properties, 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 office of the Limited Liability Company is:

Principal Office Address:

371 Pine Lane
Crawfordville, FL 32327

Mailing Address:

P.O. Box 245
St. Marks, FL 32355

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:

Tonya Suber-Duncan
Name

371 Pine Lane

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

Crawfordville FL 32327
City Zip

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.

Tonya Suber-Duncan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
PALM SPRING, FLORIDA

15 MAY 19 PM 3:48

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AND
FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Tonya Suber-Duncan
371 Pine Lane
Crawfordville, FL 32327

AMBR

Bruce D. Duncan
371 Pine Lane
Crawfordville, FL 32327

AMBR

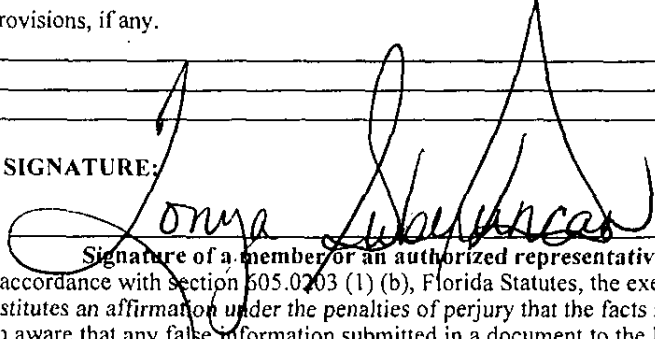
Ashley L. Duncan
18 Helena St.
Crawfordville, FL 32327

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 16, 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.)

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.)

Tonya Suber-Duncan
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 19 PM 3:48

APPROVED
AND
FILED