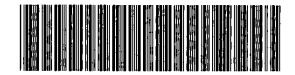
## L15000088979

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M. MILLIGAN EXAMINER

MAY 2 0 2015

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations	
SUBJECT: OBsien Enterorisus LLC	BPO Enterprises, LLC
	nited Liability Company
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Brendan O'Brien	No. 20
	Name of Person
OBITION ENTERORISES, LLC BPO	Enterprises, LLC Firm/Company
	Time conjung
2351 La Vista Lane	
	Acdress
Fleming Island, FL 32003	ity/State and Zip Code
. С	ny/Niate and Zip Code
bo1294@aol.com E-mail address: (to be used	for future annual report notification)
	·
For further information concerning this matter, plea	se can:
Provides O'Dries	004 ) CEE 0007
Brendan O'Brien at ( S 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 & □\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Majling Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301



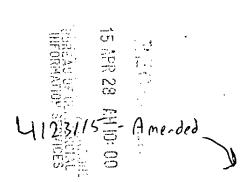
## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2015

BRENDAN O'BRIEN 2351 LA VISTA LANE FLEMING ISLAND, FL 32003

SUBJECT: OBRIEN ENTERPRISES, LLC.

Ref. Number: W15000025575



We have received your document for OBRIEN ENTERPRISES, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L11000047426.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 915A00007298

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Compar	ıy is:						
OBrion Enterprises, LLC.	BPO	Enteri	orises, L	L C				
(Must end	with the w	ords "Limi	ted Liability	Company, "L.L	.C.," or "LLC	2.")		
ARTICLE II - Address: The mailing address and street	address of (	the principa	il office of the	e Limited Liabi	lity Company	is:		
Principal Office Address:			<u>Mailin</u>	g Address:				
Brendan O'Brien 2351 La Vista Lane		<del></del>		an O'Brien La Vista Lane				
Fleming Island, FL 32003				ng Island, FL				
ARTICLE III - Registered A (The Limited Liability Compar another husiness entity with an The name and the Florida stree	y cannot se active Flor	rve as its o rida registra	wn Register <del>e</del> ition.)	d Agent. You n	nust designate	an individua	ıl or	
Brend	an O'Brien	<u></u>		<del> </del>	· <u></u>			
		Na	ıme					
	a Vista La a street add		Box <u>NOT</u> acc	•	<del></del>			
Flemin	ng Is <u>land</u>		FL:	32003 Zip				
<del></del>	(	City		Zip				
Having been named as registe.  the place designated in this capacity. I further agree to c of my duties, and I am famil	certificate, omply with iar with and	I hereby act the provision i accept the Ch	cept the appo ons of all statu	intment as regis ites relating to t f my position as S	itered agent a he proper and	nd agree to a l complete pe	ct in th rforma	is nce
		(CONTI	NUED)					
		Page 1	of2			が、	15 APR 28 PH 1:43	

<u>ïtle:</u>	Name and Address:
AMBR" = Authorized Mer	her
MGR" = Manager	Decades Albrica
MGR	Brendan O'Brien
	2351 La Vista Lane Fleming Island, FL 32003
	Flerting Island, FL 32003
	<u> </u>
<del></del>	
	<del></del>
V: Effective date, if other tive date is listed, the date	nan the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or
Use attachment if necessary  V: Effective date, if other etive date is listed, the date filing.)  VI: Other provisions, if an	nan the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or
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