

L15000094633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

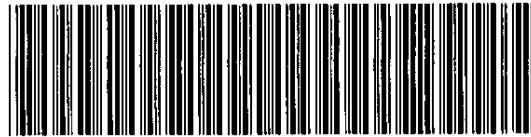
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/02/15--01001--012 \*\*70.00

06/02/15--01001--013 \*\*55.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CONSOLIDATION  
15 JUN - 1 PM 4:57  
2015 JUN - 1 AM 8:45  
SECRETARY OF STATE  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

6/2/15

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Johnson & Brooks Associates 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:

Keith Brooks Jr.

Name of Person

Johnson & Brooks Associates LLC

Firm/Company

404 Willow Ave

Address

Sanford / FL 32771

City/State and Zip Code

Johnson.brooks.associates@gmail.com

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

For further information concerning this matter, please call:

Keith Brooks Jr.

Name of Person

at ( 407 )

Area Code

344 - 4576

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/Courier 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:

Johnson & Brooks Associates 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:

404 Willow Ave  
Sanford FL  
32771

Mailing Address:

404 Willow Ave  
Sanford FL  
32771

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:

Keith Brooks Jr.

Name

404 Willow Ave

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

Sanford

City

FL

32771

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.*

Keith Brooks Jr.  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2015 JUN - 1 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

~~MGR~~

~~Keith Brooks Jr.~~

MGR

Keith Brooks Jr.  
404 Willow Ave  
Santaford FL 32771

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Keith Brooks Jr.

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)