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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BRILLIANT MINIS TAMAHASSEE 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:
Name of Person
Name of Person
BRILLIAM HINKS
Firm/Company
3938 MAGELLAN TRAIL
Address
TALLAHASSEE, FL 32303
City/State and Zip Code
E-mail address: (to be used for future/annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Author Code Bayanie Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing 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:	1.0	15 NO
BRULIANT HINDS TALLAHASSEC, LLC		¥-2
(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:		<u>:</u>
Principal Office Address: 2001 Apalachus Hum 3938 Magellaw 772	Ail	

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.)

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Name and Address:
"AMBR" = Authorized Member	N 11
"MGR" = Manager M(A)	DIOUNE MEYORS
	3928 HALFILDA TRAIL
	TALAHASSE, 61 32303
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