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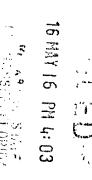
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MAY 25 2016) S. GILBERT

COVER LETTER

	Division of Corporations		
SUBJEC [*]	Apple Brothers LLC		
SUBJEC	Name of	Limited Liabilit	y Company
The enclo	sed Articles of Organization and fee(s)	are submitted (or filing.
Please ret	urn all correspondence concerning this	matter to the fo	llowing:
	Robert B Pulley		
		Name of I	Person
	Apple Brothers LLC		
		Firm/Con	npany
	18303 NE CR 1471		
		Addre	SS
	Hampton, Florida 32044		
	applebrothers@aol.com	City/State and	Zip Code
	E-mail address: (to be us	sed for future ar	nual report notification)
For further	information concerning this matter, ple	ease call:	
	Robert Pulley	352	474-2034
	Name of Person	\ 	Daytime Telephone Number
Enclosed	is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertifie	Filing Fee & \$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	i I (2	Itreet Address New Filing Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, FL 32301

ARTICLE I - Name: The name of the Limited Liability Company is: 16 MAY 16 PM 1: 03 Apple Brothers 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: Mailing Address:

4920 SE 73rd St Hampton, Fl 32044 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:

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 (REO IRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Robert Bruce Pulley
	18303 NE CR 1471
	Hampton, Fl 32044
MGR	William Douglas Pulley
	18303 NE CR 1471
	Hampton, FI 32044
MGR	Gary Hanson
MdK	5521 Higginbotham Rd
	Ft. Myers, Fl 33905
MGR	Tyffany Wishart
	4920 SE 73rd St
	Hampton, FI 32044
(Use attachment if necessary)	
ICE CAL DECARRAGE day 16 ask and an all and all all and all and all and all all and all and all all and all and all all and all all all all all all all all all al	and the of Climan May 10, 2016 (ODTIONAL)
	to date of filing: May 10, 2016 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
ate of filing.)	
	not meet the applicable statutory filing requirements, this date will not be lis
 ocument's effective date on the Depart: 	
·	
ICLE VI: Other provisions, if any.	

REOUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Robert B Pulley

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)