## 6 100 19214

r's Name)
/Zip/Phone #)
WAIT MAIL
Entity Name)
t Number)
Certificates of Status
Officer:

Office Use Only

JUN 2 4 2016 T. SCOTT



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IN JUN 21 MM 12:20

## **COVER LETTER**

	gistration Section vision of Corporations	
SUBJECT:	BrookesRiddle LLC	
		e of Limited Liability Company
The enclose	d Articles of Organization and f	ee(s) are submitted for filing.
Please return	n all correspondence concerning	this matter to the following:
	John Brookes	
-		Name of Person
· •	N/A	
-		Firm/Company
:	330 Mizzen Lane	•
		Address
1	Pensacola FL, 32507	
Jo	ohnBrookes8908@gmail.com	City/State and Zip Code
	E-mail address: (to l	be used for future annual report notification)
or further inf	formation concerning this matter	r, please call:
J	ohn Brookes	404 259-3872 at ( )
_	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	a check for the following amoun	t:
]\$125.00 Fili	ng Fee \$130.00 Filing Fo	
	Mailing Address New Filing Section	Street Address New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BrookesRiddle LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
The mailing address and street address of the principal office	of the Elimited Diability Company is.
Principal Office Address:	Mailing Address:
Principal Office Address:  330 Mizzen Lane	Mailing Address:  330 Mizzen Lane
<del></del>	

The name and the Florida street address of the registered agent are:

John Brookes		
	Name	
330 Mizzen Lane		
Florida street addre	ss (P.O. Box <b>NOT</b> a	cceptable)
Pensacola	FL	32507
City	State	7in

Ilaving 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)

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<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	John Decokoo
AMBR	John Brookes  330 Mizzen Lane
	Pensacola, FL 32507
AMBR	William Riddle
	12538 Ophelia Dr
	Pensacola FL 32506
And the state of t	<del></del>
V: Effective date, if other than the tive date is listed, the date must be filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 c
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