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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	$\overline{}$
Certified Copies	Certificates of St	atus
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06/28/16--01026--011 **160.00

EFFECTIVE DATE



JUL 2017, S. GILBERT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Brady Hernando 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:
Brady Hernando Name of Person
Firm/Company
10801 Star 19ey Rd # 104-201
Seminule / FL 33777 City/State and Zip Code
Brady Hernando @ Gmail. (om E-mail address: (to be used for future annual report notification)
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
Enclosed is a check for the following amount:
□\$125.00 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 AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 JUN 28 PM 12: 06

ARTICLE I - Name:
The name of the Limited Liability Company is:

Brady Hernando 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:
Starre ->	10801 Starkey Rd #104-201
	Seminole, FL 33777

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:

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

Palmello FL 3422

ity Z

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 (REOUIRED)

(CONTINUED)

Page 1 of 2

` <u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	-
MGR - Manager _MGR	Bruy Hernando 10801 Starkey Rd # 104-201 Seminule, FU 33777
	
(Use attachment if necessary)	
the date of filing.)	e specific and cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	
U .	
0.	
REQUIRED SIGNATURE: Signature of a (In accordance with section 605 constitutes an affirmation under the penalt	member or an authorized representative of a member0203 (1) (b), Florida Statutes, the execution of this document ies of perjury that the facts stated herein are true. mitted in a document to the Department of State ed for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a (In accordance with section 605 constitutes an affirmation under the penalt I am aware that any false information subr constitutes a third degree felony as provide	.0203 (1) (b), Florida Statutes, the execution of this document ies of perjury that the facts stated herein are true. nitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a (In accordance with section 605 constitutes an affirmation under the penalt I am aware that any false information subr constitutes a third degree felony as provide	.0203 (1) (b), Florida Statutes, the execution of this document ies of perjury that the facts stated herein are true. mitted in a document to the Department of State ed for in s.817.155, F.S.) Frady Hernando Typed or printed name of signee

Page 2 of 2