

L16000126861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

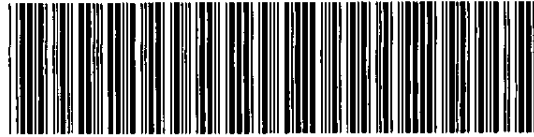
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100287784381

07/12/16--01004--001 \*\*285.00

RECEIVED  
16 JUL 11 PM 3:45

FILED  
16 JUL 11 PM 4:17

7/11/14

**SUNSHINE** CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive  
Tallahassee, Florida 32312

(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 7/11/16

ENTITY NAME:

BRAD POLLAN LLC

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

X Plain Copy  
       Certified Copy

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***

Document Number: \_\_\_\_\_

       Certified Copy of Arts & Amendments

       Certificate of Good Standing

**\*\*APOSTILLE'/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL AMOUNT OWED: \$125.00

CHECK NUMBER: 7668

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

FILED  
16 JUL 11 PM 4:17

**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

FILED

16 JUL 11 PM 4:17

ARTICLE I: NAME

The name of the Limited Liability Company is:

**BRAD POLLAN LLC**

ARTICLE II: Address

The mailing address and street address of the principal office of the Limited Liability Company is:

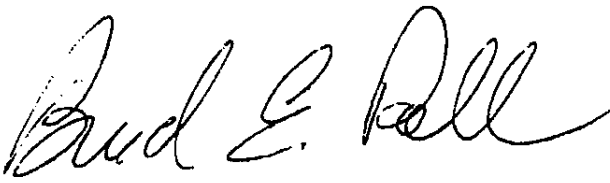
**152 N CORY DR  
EDGEWATER, FLORIDA 32141**

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE

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

**BRAD E. POLLAN  
152 N CORY DR  
EDGEWATER, FLORIDA 32141**

Having been named as registered agent 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.

x 


**BRAD E. POLLAN** / Registered Agent's Signature

PAGE 2

**BRAD POLLAN LLC**

ARTICLE IV: The name and address of each person authorized to manage and control the Limited Liability Company.

**AMBR:  
BRAD E. POLLAN  
152 N CORY DR  
EDGEWATER, FLORIDA 32141**

x   
\_\_\_\_\_

**BRAD E. POLLAN**

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.)

FILED  
16 JUL 11 PM 4:17