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(Re	equestor's Name)	
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T. SCOTT



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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	Brothers Greek LLC.		
	Name of L	mited Liability Company	
The end	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Jordan Hooten		
		Name of Person	
	Brothers Greek LLC.		
		Firm/Company	
	1317 Matengo Circle		
		Address	
	Saint Johns, Florida 32259		
	J.HOOTEN@SMT.COM	City/State and Zip Code	
	E-mail address: (to be use	ed for future annual report notification)	-
For furth	er information concerning this matter, plea	ise call:	
	Jordan Hooten	904 207-3456	
		Area Code Daytime Telephone Nu	mber
Enclos	ed is a check for the following amount:		
] \$125.0	90 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy Iditional copy is enclosed)
	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

ARTICLE I - Name:	Commonwia			
The name of the Limited Liability	Company is:			
Brothers Greek LLC.				
(Must end v	vith the words "Limited	d Liability Con	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	dress of the principal o	office of the Lir	nited Liability Company is:	
Principa	l Office Address:		Mailing Address:	
1317 Matengo Circle			1317 Matengo Circle	
Saint Johns, Florida 3	2259		Saint Johns, Florida 32259	
another business entity with an ac	cannot serve as its own ctive Florida registration	n Registered Agon.)	Agent's Signature: ent. You must designate an individ	ual or
The name and the Florida street a	ddress of the registered	d agent are:		
	Jordan Hooten	_		
		Name		
	1317 Matengo Circle	e		
	Florida street addres	ss (P.O. Box No	OT acceptable)	
	Saint Johns	FL_	32259	
	City	State	Zip	

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Jordan Hooten
	1317 Matengo Circle
	Saint Johns, FL 32259
AMBR	Matthew Berman
	1600 South Ocean Blvd. Apt # 1204
	Lauderdale by the Sea, FL 33062
ffective date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 da
LEV: Effective date, if other than the ffective date is listed, the date must e of filing.)	be specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the ffective date is listed, the date must e of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
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