## L16000211460

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## COVER LETTER'

	Registration Section Division of Corporations	
CHD IFC	The Nutty Bavarian of Brevard LLC	
SUBJECT	Name of Limited Liability Company	
The enclos	closed Articles of Organization and fee(s) are submitted for filing.	
Please retu	return all correspondence concerning this matter to the following:	
	Tara Taylor	
	Name of Person	
	Firm/Company	
	5403 The Willows Dr.	
	Address	
	Melbourne, FL 32934	
	City/State and Zip Code	
	nuttyb.brevard@yahoo.com  E-mail address: (to be used for future annual report notification	`
D.C.A.	`	,
For Turtner	ner information concerning this matter, please call:	
	Tara Taylor 321 749-8522 at ()	
	Name of Person Area Code Daytime Telephone N	lumber
Enclosed	ed is a check for the following amount:	
<b>\$</b> 125.00 F	\$130.00 Filing Fee & Certificate of Status  S155.00 Filing Fee & Certified Copy  (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Street Address	

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

## ARTYCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liab	ility Company is:		
The Nutty Bavaria	an of Brevard LLC		
(Must e	nd with the words "Limited	l Liability Com	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stree	t address of the principal of	office of the Lin	nited Liability Company is:
Princ	cipal Office Address:		Mailing Address:
The Nutty Bavari	an of Brevard LLC		The Nutty Bavarian of Brevard LLC
5403 The Willow	s Dr		5403 The Willows Dr
Melbourne, FL 32	934		Melbourne, FL 32934
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	any cannot serve as its own in active Florida registration	Registered Agon.)	Agent's Signature: ent. You must designate an individual or
		Name	
	5403 The Willows D	)r	
	Florida street addres	s (P.O. Box N	OT acceptable)
	Melbourne	FL	32934

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

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可言語の

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	<del></del>
<del></del>	
	<del></del>
EV: Effective date, if other than the date of the date is listed, the date must be specifiling.)  the date inserted in this block does not me	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or eet the applicable statutory filing requirements, this date will
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