

L17000037662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

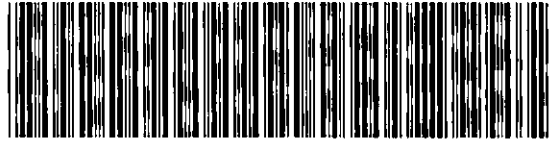
(Business Entity Name)

(Document Number)

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D O'KEEFE  
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17 FEB -9 AM 8:27  
FALL RIVER, MA

D O'KEEFE  
NOV 18 2016

W/6-78026

November 18, 2016

JAMAILE A. BRADFORD  
BRADFORD AND SONS, LLC  
573 SMOKE MONT CT.  
APOPKA, FL 32712

SUBJECT: BRADFORD AND SONS, LLC  
Ref. Number: W16000078026

We have received your document for BRADFORD AND SONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to

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PALM BEACH, FL 33404  
NOV 18 2016

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5 - 10 17

Daniel

manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE

Regulatory Specialist II

Letter Number: 516A00024823

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida  
32314

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS  
7. LIST, 8. NEXT FILING ON LIST, 9. PREV FILING ON LIST  
ENTER SELECTION AND CR:



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2016

JAMAILE A. BRADFORD  
BRADFORD AND SONS, LLC  
573 SMOKEMONT CT.  
APOPKA, FL 32712

SUBJECT: BRADFORD AND SONS, LLC  
Ref. Number: W16000078026

We have received your document for BRADFORD AND SONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 516A00024823

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRADFORD AND SONS, 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:

JAMAILLE A. BRADFORD

Name of Person

BRADFORD AND SONS, LLC

Firm/Company

573 SMOKE MOUNT CT.

Address

APOPKA, FL 32712

City/State and Zip Code

PILLOWTALK2@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMAILLE BRADFORD at (407) 724-8092

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee



\$130.00 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 Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

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:

The name of the Limited Liability Company is:

BRADFORD AND SONS, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

995 W. Orange Blossom Tr.  
APOPKA, FL 32712

Mailing Address:

573 SMOKE MONT CT.  
APOPKA, FL 32712

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:

JAMAILE A. BRADFORD

Name

573 SMOKE MONT CT

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

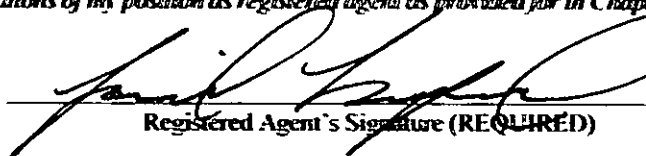
APOPKA, FL 32712

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)

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17 FEB -9 AM 8:27  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

JB MGR

**Name and Address:**

JAMAILLE A. BRADFORD  
573 SMOKE MOUNT CT  
APOPKA, FL 32712

(Use attachment if necessary)

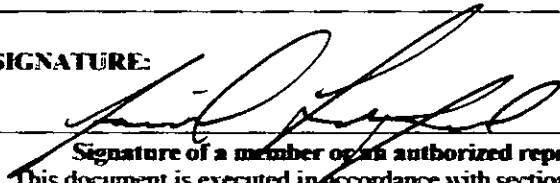
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any:

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

JAMAILLE A. BRADFORD

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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17 FEB -9 AM 8:27  
SOUTH FLORIDA  
DEPARTMENT OF STATE