

# L11000248133

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

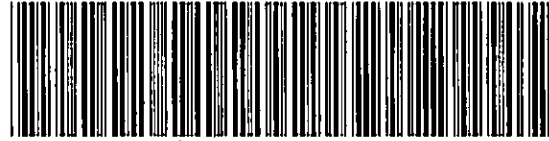
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE FLORIDA

N CULLIGAN

DEC 5 2017

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Glenn W Brunskill, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

220 Hunters Trail

Longwood, FL 32779

**Mailing Address:**

220 Hunters Trail

Longwood, FL 32779

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

Michael Yackwak

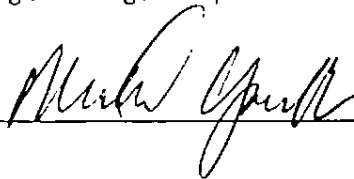
220 Hunters Trail

Longwood, FL 32779

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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 Signature: \_\_\_\_\_



**ARTICLE IV:**

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

Title:

Name and Address:

AMBR – Authorized Member

Glenn W Brunskill

220 Hunters Trail, Longwood, FL 32779

**ARTICLE V:**

Effective date: January 1, 2018

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

NONE

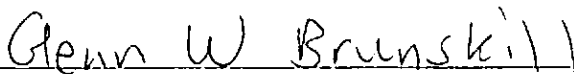
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**SIGNATURE:**



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.



Typed or printed name of signee

**FILING FEE:**

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