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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: BRADLEY 5 COYLLC 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:
BRADLEY 5 COY
Name of Person
Firm/Company
215 HARBOR Blvd #112
Address
DESTIN, FL 32541
Chystate and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BRADIEY COY at 817 617 15 73 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BRADLEY 5 COY LL	C
(Must contain the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:

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:

215 HARBOR BIVE #112 Destin, FL 32541

ARTICLE I - Name:

The name of the Limited Liability Company is:

MichAEL 1	PRINZO CL	LC
8195 Covi	Name	
Florida street address		
NAVARR	e FL	32566
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.,

(CONTINUED)

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

"AMBR" = Authorized Member "MGR" = Manager	
MGR	BRADLEY S COY 25 HARBOR BIVE # 112 DESTIN, FL 32541.
(Use attachment if necessary)	
T.E.V: Effective date, if other than the diffective date is listed, the date must be a of filing.) If the date inserted in this block does no	late of filing:
CLE V: Effective date, if other than the diffective date is listed, the date must be a of filing.)	e specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be lent of State's records.
T.E.V: Effective date, if other than the diffective date is listed, the date must be e of filing.) If the date inserted in this block does not the determined on the Department's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be lent of State's records.

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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