

L18000058935

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000075004 3)))



H180000750043ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : AIA REGISTERED AGENT INC.
Account Number : 120090000032
Phone : (561) 792-2236
Fax Number : (561) 202-8082

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: BRIAN@BRIANTHOMASROSS.COM

RECEIVED
2018 MAR -8 AM 10:49
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
BRIAN THOMAS ROSS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

MAR 9 2018

Mar 08 18 10:33a
850-617-6381

A1A REGISTERED AGENT INC.

3/8/2018 10:22:27 AM PAGE

561-202-8082

p.3

1/001 Fax Server

H180000750043



March 8, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

A1A REGISTERED AGENT INC

SUBJECT: BRIAN THOMAS ROSS LLC
REF: W18000022398

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Correct the spelling of the Managers first name in ARTICLE IV.

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.

Neysa Culligan
Regulatory Specialist II

FAX And. #: H18000075004
Letter Number: 018A00004676

P.O BOX 6327 - Tallahassee, Florida 32314

H18000075004 3

11500000715004 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRIAN THOMAS ROSS LLC

(Must contain the words "Limited Liability Company," "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:808 ROSALIA DRIVE
SANFORD FL 32771Mailing Address:808 ROSALIA DRIVE
SANFORD FL 32771**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:

BRIAN ROSS

Name

808 ROSALIA DRIVEFlorida street address (P.O. Box **NOT** acceptable)

<u>SANFORD FL</u>	<u>FL</u>	<u>32771</u>
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)

11500000715004 3

FILED
18 MAR -8 AM 11:43
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA
SANFORD, FLORIDA

H18000075004 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

BRIAN ROSS

808 ROSALIA DRIVE

SANFORD FL 32771

(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.

BRIAN ROSS

Typed or printed name of signee

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)

18 MAR -8 AM 11:43
STATE
RECEIVED

H18000075004 3