Division of Corporations Electronic Filing Cover Sheet

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(((H180001196813)))



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To:

Division of Corporations

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: (850)617-6381

From:

Account Name

: THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020

: (813)435-3176

Fax Number

: (713)429-1276

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

FLORIDA LIMITED LIABILITY CO.

Bray-Lai Enterprises LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Linhi	nty Company is:		
Bray-Lai Emerpris (Must co	sex LLC mrain the words "Limited L	lability Company, "L	.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal of	Noe of the Limited Li	iability Company is:
Prin	cipal Office Address:		Mailing Address:
815 Palmetto Avo		815 Pa	ilmeno Avg
Lehigh Acres, Flo	D 1 1000	P. Dooisterad Agent	h Acres, Florida 33972 's Signature:
ARTICLE III - Registered (The Limited Limited Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registration	& Registered Agent Registered Agent, Youn.)	
ARTICLE III - Registered .	Agent, Registered Office, any cannot serve as its own an active Florida registration	& Registered Agent Registered Agent, Youn.)	's Signature:
ARTICLE III - Registered (The Limited Limited Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registration of the registered	& Registered Agent Registered Agent, Youn.)	's Signature:
ARTICLE III - Registered (The Limited Limited Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio eet address of the registered John Burke 815 Palmeno Ave	& Registered Agent, Youn,) i agent are: Name	's Signature: ou must designate an individual or
ARTICLE III - Registered . (The Limited Limility Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio eet address of the registered John Burke 815 Palmeno Ave	& Registered Agent Registered Agent, Yo m.) t agent are:	's Signature: ou must designate an individual or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio eet address of the registered John Burke 815 Palmeno Ave	& Registered Agent, Youn,) i agent are: Name	's Signature: ou must designate an individual or

Having heen named as registered agent and to accept service of process for the above stated limited liability company of the place designated in this certificate. Thereby 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..

Régistered Agent's Signature (REQUIRED)

(CONTINUED)

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18 APR 16 AM 10: 5

APPROVED AND FILED

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itle:		Name and Address:
	horized Member	
MGR" = Mana		_
AMBR	_	John Burke
		815 Palmetto Avc
		Lehigh Acres, Florida 33972
	_	
		
er oo alaa	n if necessary) date, if other than the date of	filing: (OPTIONAL)
EV: Effective certive date is list filling.) the date insertence mem's effective	date, if other than the date of sted, the date must be speci	ific and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not
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EV: Effective ctive date is liffling.) the date insentent's effective EVI: Other pro	date, if other than the date of sted, the date must be specied in this block does not me e date on the Department of ovisions, if any. Signature of a men This document is xequite for many that any false is a sequite.	ific and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not 'State's records. There or an authorized representative of a member, d in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State

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S 5.00 Certificate of Status (Optional)