ote: 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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 : (323)962-3889 Fax Number

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

And the second s

4Brothers T&L LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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	co	VER LETTER	
TO: Registration Division of	n Section Corporations		
SUBJECT: 4Broth	ers T&L LLC Name of Lir	nited Liability Company	<u>. </u>
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
<u>Cheven</u> :	ne Moseley	Name of Person	
		Name of Person	
<u>Lega!Zo</u>	om.com, Inc.	Firm/Company	
<u>101 N. E</u>	Brand Blvd, 10th Street	Address	
<u>Glendak</u>	- CA 91203	City/State and Zip Code	
online filings@la	egalzoom.com E-mail address: (to be use	d for future annual report notifice	ition)
For further information	on concerning this matter, plea	ase call:	
Cheyenne Moscley Na:	at (;	323) 962-8600 ext 762 Area Code Daytime Tel	25 lephone Number
Enclosed is a check to	or the following amount:		
☐ \$125.00 Filing Fee	□\$130,00 Filing Fee & Certificate of Status	☑\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Ostificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed)
	iling Address istration Section	Street/Courier Adda Registration Section	<u>ress</u>

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:				
The name of the Limited Liability Company is:				
Alberth are TS1 11 C				
4Brothers T&L LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
	, ,			
ARTICLE II - Address: The mailing address and street address of the principal o	ffice of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1309 Hawthorne Ave	1309 Hawthorne Ave			
Smyrna, GA 30080	Smyrna, GA 30080			
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:			
(The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. You must designate an individual or n.)			
_	•			
The name and the Plorida street address of the registered	ngent are:			
United States Corporation Ag	ents, Inc.			
Name				
13302 Winding Oak Court, St	.ifte ∧			
Florida street address (P.O. Bo)				
_Tampa	FL 33612			
City	Zip			
the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	rvice of process for the above stated limited liability company at a the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S			
Registered Agent's Signa				
Cheyenne Mo	nseley, United States Corporation Agents, Inc.			
(CONTINI)	ED)			
Yh 1 C3				

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager mgr	Jermaine Flowers
1131	1309 Hawthorne Ave
	Ocala, FL 34475
mgr	Branden Wilder
···31	1309 Hawthorne Ave
	Smyrna, GA 30080
mgr	Rahshawn Simmons
······································	1309 Hawthome Ave
	Smyrna, GA 30080
<u>mgr</u>	Eric Diaz
	1309 Hawthorne Ave
	Smyrna, GA 30080
(Use attachment if necessary)	
(Con minimum it indepoint)	
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TICLE V: Effective date, if other than the date in effective date is listed, the date must be speate of filing.) TICLE VI: Other provisions, if any.	
ICLE V: Effective date, if other than the date is effective date is listed, the date must be speate of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	ecific and cannot be more than five business days prior to or 90 days at the control of 90 days at the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
CLE V: Effective date, if other than the date effective date is listed, the date must be species of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under a may are that any false inforcentitutes a third degree felon	ecific and cannot be more than five business days prior to or 90 days at the control of the control of this document or the penalties of perjury that the facts stated herein are true.

Page 2 of 2

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)

Attachment to Articles of Organization for 4Brothers T&L LLC

Additional members of the Limited Liability Company are:

Name of Member <u>Address</u> Jermaine Flowers 1309 Hawthome Ave, Smyrna, GA 30080 Branden Wilder 1309 Hawthorne Ave, Smyrna, GA 30080 Rahshawn Simmons 1309 Hawthorne Ave, Smyrna, GA 30080 Eric Diaz 1309 Hawthorne Ave, Smyma, GA 30080