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HASION OF CORPORATION

COVER LETTER

	ew Filing Section vivision of Corporations
SUBJECT	Brisco's Tea's LLC
SOUJECT	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	irn all correspondence concerning this matter to the following:
	Devaughn Brooks
	Name of Person
	Firm/Company
	410 victory garden drive Apts. 160
	Address
	Tallahassee, Fl 32301
	City/State and Zip Code
	briscosteas@gmail.com E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Devaughn Brooks 850 368-9887 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
S125.00 F	S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing 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:	
Brisco's Tea's LLC	
(Must contain the words "Limited Liab	ility 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:	Mailing Address:
410 victory garden drive #160	410 victory garden drive #160
Tallahassee, Fl 32301	Tallahassee, Fl 32301

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:

	Name	
410 victory garden c	lrive Apt.160 .	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Tallahassee	Florida	32301

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)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: 'AMBR" = Authorized Member "MGR" = Manager AMBA Devaughn Brooks 410 Victory garden drive Apts. 160 Tallahassee, FI 32301 (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 filling 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.

Devaughn brooks

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)