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(Re	equestor's Name)		
(Ac	ldress)		
(Address)			
(Ci	ty/State/Zip/Phone #)		
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COVER LETTER

	ew Filing Section ivision of Corporations		
eud wet	Brandt Equities LLC		
SUBJECT		Limited Liabili	ty Company
The enclos	ed Articles of Organization and fee(s) are submitted	for tiling.
Please retu	rn all correspondence concerning this	smatter to the fe	oftowing:
	Scott II. Brandt		
		Name of	Person
	Brandt Equities LLC		
		Firm/Cor	mpany
	4613 Van Kleeck Dr.		
		Addro	288
	New Smyrna Beach, FL 32169		
	sbrandt600@gmail.com	City/State and	ł Zip Code
•	E-mail address: (to be u	sed for future a	nnual report notification)
For further is	nformation concerning this matter, pl	ease call;	
	Scott H. Brandt	386	428-2319
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
S125,00 F	iling Fee Status Status	LlCertific	0 Filing Fee & S160.00 Filing Fee. d Copy (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 Tallahassec, F1, 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

700000	
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Brandt Equities LLC A first contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")
(1000)	case United Liability Company is:
ARTICLE II - Address: The mailing address and street address of the principa	office of the families Mailing Address:
Principal Office Address:	- 121 mode Dr
4613 Van Kleeck Dr. New Smyrna Beach, FL 32169	New Sniyma Beach, F1, 32169
Men man	

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:

dress of the regular	_	
Scott H. Brandt	Name	
4613 Van Kleeck Dr	ss (P.O. Box <u>NOT</u> acce	ptable)
	171	
New Smyrna Beach	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 place designated in this certificate, I hereby accept the appointment as registered agent and complete performance of my duties, and I further agree to comply with the provisions of all statutes relating to the provided for in Chapter 605, F.S.. am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

18 NOV 16 AM 5: 29

. . . .

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Scott H. Brandt
MON	4613 Van Kleeck Dr.
	New Smyrna Beach, FL 32169
AMBR	Richard D. Peterson
	346 Ridge Ave.
	Clarendon Hills, H. 60514
(Use attachment if necessary)	
ILE V: Effective date, if other than the date of fil	ing:
effective date is listed, the date must be specific	and cannot be more than five business days prior to or 90 days
e of filing.)	
	he applicable statutory filing requirements, this date will not be lis
cument's effective date on the Department of St	ne s records.
.LE VI: Other provisions, if any,	
<u> </u>	

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.

Scott H. Brandt

Typed or printed name of signce

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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