L190000716858

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
3-18-19					

Office Use Only



200315754242

07/24/18--01.10--015 **125.00



N CULLIGANI MAR 2 6 2019

COVER LETTER

то:	New Filing Section Division of Corporations		
CUDIC	Brothers Keeper Residential Deve	elopers	
SUBJE		mited Liability	Company
The enc	closed Articles of Organization and fee(s) a	re submitted f	or filing.
Please r	return all correspondence concerning this m	atter to the fo	llowing:
	Joseph Myrick Jr		
		Name of P	erson
	Brothers Keeper Residential Devel	opers	
		Firm/Con	рапу
	3491 Queensboro Ave So		
		Addres	S
	Saint Petersburg Florida 33711		
	Junior.JMyrick@gmail.com	City/State and	Zip Code
	E-mail address: (to be used	for future an	nual report notification)
For furthe	ner information concerning this matter, pleas	se call:	
	Joseph Myrick Jr 7	27	366 8108
		Area Code	Daytime Telephone Number
Enclose	ed is a check for the following amount:		
	00 Filing Fee \$\ \tag{S130.00 Filing Fee & Certificate of Status}	Certified	Filing Fee & \$160.00 Filing Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		treet Address ew Filing Section

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



July 31, 2018

JOSEPH MYRICK JR 3491 QUEENSBORO AVE SO SAINT PETERSBURG, FL 33711 US

SUBJECT: BROTHERS KEEPER RESIDENTIAL DEVELOPERS

Ref. Number: W18000069427

We have received your document for BROTHERS KEEPER RESIDENTIAL DEVELOPERS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Letter Number: 418A00015706

Nadira D McClees-Sams Regulatory Specialist II

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Brothers Keeper Residential Developers (Must contain the words "Limited I	Liability Company	"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal o	Mice of the Limited	l Liability Company is:			
Principal Office Address:		Mailing Addr	ress:		
3491 Queensboro Ave So Saint Petersburg Florida #37(1		1 Queensboro Ave So nt Petersburg Florida	337/1		
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration)	Registered Agent.	- :	dividual or 🗟 🛴	19 HAR	r:
The name and the Florida street address of the registered	agent are:				44 0.000 200 0000
Joseph Myrick Jr			SSE	00	₽~₹ **
	Name		un Çu€	至	! ! !
3491 Queensboro	Ave So		[0.2] [0.2]	ي	()
Florida street address	s (P.O. Box <u>NOT</u> a	icceptable)	STAILE FLORIDA	-	
Saint Petersburg	Florida	33711	₹>		
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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:					
"AMBR" = Authorized Member						
"MGR" = Manager						
AMBR	Joseph Myrick Jr					
Manager	3491 Queensboro Ave So					
	Saint Petersburg Florida 337//					
	ELIAN CANNON - M					
	1960 - LAKEWOOD CLUB DRIVE SO. (Apt. L) 337/2					
	Saint Petersburg. Flag.					
						
	<u>ντ</u> σο					
	9.					
(Use attachment if necessary)						
	577					
ARTICLE V: Effective date, if other than the dat	e of filing: (OPTIONAL)					
·	pecific and cannot be more than five business days prior to or 90 days after					
he date of filing.)	and the first transfer of the state of the s					
	meet the applicable statutory filing requirements, this date will not be listed as					
the document's effective date on the Departmen	t of State's records.					
ARTICLE VI: Other provisions, if any.						
REQUIRED SIGNATURE:						
(C)						
Signature	member or an authorized representative of a member.					
This document is exec	uted 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						
	ee felony as provided for in s.817.155, F.S.					
lanaah Musik	le.					
Joseph Myrick						
	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)

ARTICLE IV-