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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·	
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JAN O ...

COVER LETTER

	Filing Section sion of Corporations		
SUBJECT:	BRANDON PARK Name of Lin	S REALTY LL	
	Name of Lit	mited Liability Company	
The enclosed	Articles of Organization and fee(s) ar	re submitted for filing.	
Please return	all correspondence concerning this m	atter to the following:	
	BEAND	ON PAIKS	
		Name of Person	
_		Firm/Company	
	47.0	Dialities Ploat	De.
	9710	PLANTERS RIDGE Address	
_	TALLTHASSEE, F		
		HONIES & GINIALL I for future annual report notification	
For further info	rmation concerning this matter, pleas		
<u>2</u>	Name of Person A	850 , 879-3.	i17
	Name of Person A	Area Code Daytime Telephone	: Number
Enclosed is a	check for the following amount:		
□\$125.00 Fi	ling Fee	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Div The Centre of Tallaha 2415 N. Monroe Stree	ssee

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:			
·	_			
Biz	ANDON PAR	ks R	EALTY LLC	•
(Must conation	the words "Limited Li	ability Comp	eatry LLC any, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street add	ress of the principal off	ice of the Lir	nited Liability Company is:	
Principal Office Address: Mailing A				ddress:
4710 PLAN	ITERS RIDGE DIE	2.		
THECAMASSEC,	FL 37311			
	_ 			
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act	annot serve as its own R live Florida registration.	legistered Ag .)	Agent's Signature: ent. You must designate an	individual or
The name and the Florida street ad				
	BizHNOON	PAKK	S	_
		Name		
	4710 PLANTERS	RIDGE	Dil.	
	Florida street address ((P.O. Box N	YT acceptable)	•
	TALLAMISSEE	TL	32311 Zip	-
	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..

Registered Agen 's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Wanager MGK	BIZANDON PAKICS
	4710 PLANTERS 12100E DIL.
	Tallahassee FL 32211
(Use attachment if necessary)	
te: If the date inserted in this block does not document's effective date on the Departmer FICLE VI: Other provisions, if any.	t meet the applicable statutory filing requirements, this date will not be list at of State's records.
REQUIRED SIGNATURE:	
Signature of a r	pember of an authorized representative of a member.
This document is exec	ruted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fal	lse information submitted in a document to the Department of State
	ree felony as provided for in s.817.155, F.S.
	Branco / Parks
	BRANDON PARKS Typed or printed name of signee
	Filing Fees:
	Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	
5 5.00 Certificate of Status (Option	onar)
	<u></u>

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