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(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Ĉiņ	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer:	





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TO:

New Filing Section Division of Corporations

STIBLE CT-

Brad's Investigative Services

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brad's Investigative Se

1530 S. 24 Ferrace

Addres

Holywood FL 33020

Irwinbraddy 549 amail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Irwin L Bradely at 305 283-6998
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

☐\$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 Tallahassee, FL 32314 Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Brad's Investigative Ser	vices, LLC
(Must conatin the words "Elmited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address:
3600 State Rd. 7 Suite 360	1530 S. 245 Ten

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 registe Moniq	red agent are: WE Edwa	nds-Bra	ddy
	Name	1	ر ا
.3600	State Rd.	#7/ Si	te 360
Florida street addi	ress (P.O. Box <u>NOT</u> a	cceptabje)	
Mirama	· FL	<i>3</i> 3023	
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 they position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Ionique Edwards-Braddy 500 State Rd. 7/Suite 3 Iiramar, FL 33623
500 State Rd. 7/ Suite 3
Jiramar, FL 33623
(ADTIONAL)
. (OPTIONAL) cannot be more than five business days prior to or 90 days after
pplicable statutory filing requirements, this date will not be listed as
records.
2, 11.
Staddy
an authorized representative of a member. ordance with section 60,0203 (1) (b), Florida Statutes, ion submitted in a dearment to the Department of State

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)