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COVER LETTER

2020 FEB 28 PM 2:53

TO: New Filing Section
Division of Corporations

SUBJECT: STEPHEN A. BRODKA, LLC
Name of Limited Liability Company

VICES

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

Please return all correspondence concerning this matter to the following:

STEPHEN A. BRODKA		
Name of Person		
STEPHEN A. BRODKA, LLC		
Firm/Company		
2116 DARNELL CIRCLE		
Address		
TALLAHASSEE, FL 32303		
City/State and Zin Code		
S. BRODKA Q YAHOU, COM		
E-mail address: (to be used for future annual report potification)		

For further information concerning this matter, please call:

STEPHEN A BRODKA 850 556-0873

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

XIS125.00 Filing Fee □\$130.00 Filing Fee &

□\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certified Copy

Certified Copy Certificate of Status & Certified Copy
(additional copy is enclosed)

Certified Copy
(additional copy is enclosed)

(additional copy is enclosed)

□\$160.00 Filing Fee,

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 LI		
ARTICLE I - Name:	V IZ	Ch YED
The name of the Limited Liability Company is:	2020 FER	28 PM 2:53
STEPHEN A. BRODKA, L	LC .	2:53
(Must conatin the words "Limited Liability Co		NOTAL TIPES
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
TALLAHASSEE, FZ 3)303	SAME AS OFFICE	
TALLAHASSES, FL 2)303		

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:

STEPHEN A. BRODKA

Name

2116 DARNELL CIRCLE

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32303

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 Agent's Signature (REQUIRED

(CONTINUED)

ARTICLE IV- The name and address of each person	authorized to manage and control the Limit	
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	2020 FEB 28 PM 2:50
MGR	STEPHEN A. BRI 2116 DARNELL TALLAHASSEE, FO	P SAN
(Use attachment if necessary) ARTICLE V: Effective date, it other than the d (If an effective date is listed, the date must be the date of filing.)	ate of filing:	(OPTIONAL) iness days prior to or 90 days after
Note: If the date inserted in this block does not the document's effective date on the Department.	ot meet the applicable statutory filing requirent of State's records.	ements, this date will not be listed as
ARTICLE VI: Other provisions, it any.		
REQUIRED SIGNATURE:	A. Brolle	
Signature of a This document is exe I am aware that any fa constitutes a third deg	member or an authorized representative cuted in accordance with section 605.0203 also information submitted in a document to gree felony as provided for in s.817.155, F.S.	(1) (b). Florida Statutes. the Department of State
<u> 572</u>	Typed or printed name of signee	
	ryped 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)