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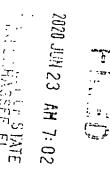
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# **COVER LETTER**

	lew Filing Sec Division of Co				
SUBJECT		exander Bryan Exclusive S	ervices		
.,013,12,01		Name of Lin	nited Liabi	ity Company	
The enclos	sed Articles of	Organization and fee(s) ar	e submitted	I for filing.	
Please retu	ırn all corresp	ondence concerning this ma	atter to the	following:	
	Melvin A B	ryan			
			Name of	Person	
			Firm/Co	ompany	
	P.O Box 321	74 Oakfield Drive			
			Addi	ress	
	Brandon, Flo	orida 33509			
	yahkoba@icl		ity/State ar	id Zip Code	
•		E-mail address: (to be used	for future :	innual report notificat	ion)
For further i	nformation co	ncerning this matter, please	e call:		
	Melvin A Br	yan 47	7()	364 3852 _)	
	Nam			Daytime Telephon	e Number
Enclosed is	s a check for t	he following amount:			
□\$125.00	) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certif	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	<u>M</u> ailir	ng Address		Street Address	- 1 6

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Melvin Alexander Bryan Exclusive Services LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

# Principal Office Address:

### Mailing Address:

836 Tealwood Drive	P.O Box 3274		
Apt 302	Oakfield Drive		
Brandon,Florida 33510	Brandon,Florida 33509		

## 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:

Melvin A Bryan		
	Name	
836 Teatwood Drive	apt 302	
Florida street addres	s (P.O. Box <u><b>NOT</b></u> acc	eptable)
Brandon	Florida	33510
City	State	Zin

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)

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# ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Melvin A Bryan 836 Tealwood Drive Apt. 302 Brandon, Florida 33510	
(Use attachment if necessary)		
(If an effective date is listed, the date must be the date of filing.)	ate of filing:	•
ARTICLE VI: Other provisions, if any,		
REOUIRED SIGNATURE:	A Beyana	
This document is exe I am aware that any fa	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	
Melvin	ALEXANDER BRYAN Typed or printed name of signee : \$	
\$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Optional	Filing Fees: Organization and Designation of Registered Agent	. 19

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