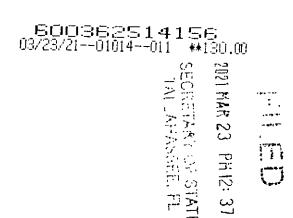
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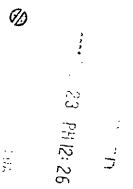
	(Requestor's Name)
	(Address)
	(Address)
P CK-U	(City/State/Zip/Phone #) MAIL MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	; to Filing Officer

Office Use Only



600362514156





COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Brothers Dynasty LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Douglas Jones Name of Person
Name of Person
Firm/Company
4021 Milgan RD Address
Address
Talkahassee FL 32305 City/State and Zip Code Pooniethebarber ayahwo.com E-mail address: (to be used for future annual report notification)
Pooniethebarberayahuo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address

Mailing Address
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 Tallahassee, FL 32303

HUED

2021 MAR 23 PH 12: 37

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

- 	TO MODE PO	1. Brot	hers DynastyT	LLOWASSEE, F
(Must cont	ain the words "Limited 1	iability Company	v. "L.L.C.," or "ILC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limite	ed Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address	:
4021 ma	4021 Margan, Sch Thl. FL 32305			
TAL. F	L 32305		Tal. FL 32305	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	cannot serve as its own active Florida registration address of the registered	Registered Agent n.) l agent are:	i. You must designate an indivi	idual or
	Pouglas J 4021 morg	ons		
	,	Name		
	4021 morg	an Id		
	Florida street addres	s (P.O. Box <u>NO 1</u>	_acceptable)	
	Tal	FĹ	32305 Zip	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the o	 I hereby accept the app provisions of all statutes r bligations of my position A	ointment as regist elating to the prof as registered age. tered Agent's Sig	rered agent and agree to act in a per and complete performance of nt as provided for in Chapter 60 nature (REQUIRED)	of my duties, and l
		(CONTINUE)	D)	

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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 AMBR	Darnell lamar Eutsay 2812 Tarlary Dr Tal. FL 32301	
Mgs	France Jones Worl mirgon 1d This FL 32305	
•		TAX 23 PAIZ
		1
(Use attachment () necessary)		
If an effective case is listed, the date mass he date mathing.	edate of filings and the more than live business days-prior to of some the appropriate of the proposition of the appropriate statutory filing reguneraters satisfy that of State's records.	
ARTICLEA E. Other provisjons/Hany.		
REOFINED MGNATURE: Significance of this document is:	La memberior an authorized representative of a member:.	Nest.
I am aware that an constitutes a third	y false information submitted in a document to the Deputation to f S dogree felony as provided for in \$.817.555.F.S	late:
Ī	Typed or printed name of signed	

Filing Fees: १९४ मामुद्धानुका विकासिक प्रकासिक अधिकातां स्वामानामा विकास क्रिक्ट स्वामानामा अधिकातां स्वामानामा ।