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2001 Jrn 27 PH 3: 15

COVER LETTER

New Filing Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations			
SUBJECT: Brittony's 8	ne of Ednited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Brittony 2	Name of Person		
Brittory's B	Firm/Company		
105 Maple 0	Address		
poinciona, F	City/State and Zip Code City/State and Zip Co		
Brittony Sun E-mail address: (to	Ne used for future annual report notification)		
For further information concerning this matt			
Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount	int:		
□\$125.00 Filing Fee □\$130.00 Filing Certificate of S	ng Fee & □\$155.00 Filing Fee & ☑\$160.00 Filing Fee, tatus Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Mailing Address New Filing Section Division of Corporations	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:	•
	201 JUL 27 PH 3:16
(Must coolain the words "Similed Liability Comp	ervices UC 11 3:16
(Must contain the words "Limited Liability Comp	pany, "L.L.C.," or "LLC.")
ADTICLE II Addmiss.	_
ARTICLE II - Address: The mailing address and street address of the principal office of the Lii	nited Liability Company is:
Principal Office Address:	Mailing Address:

105 Hape Dave	105 Maple Drive
Painciona, FL 34759	Poinciona, FL 34709

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:

Name

Name

No. Hope Dive

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

Porcioro FL 34759

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...

Brittory VCCh Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
If an effective date is listed, the date must be specifi he date of filing.)	iling: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	nate's records.
Signature of a member	er or an authorized representative of a member. in accordance with section 605,0203 (1) (b), Florida Statutes.
I am aware that any false info	ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.

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)