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COVER LETTER

TO: New Filing Sec Division of Co			
SUBJECT: BR	y AN CON STEVEN Name of Lim	DN 9 REJOUATT	ons LCC
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspond	ondence concerning this ma	tter to the following:	
	STEVEN K.	Bryan! Name of Person	
	BRYMN CONSTR	Firm/Company	
F	O. Box 2512	Address	
	FAVANA, FI.	32383 ity/State and Zip Code MPANY 77 @ YAH for future annual report notificat	700. COM
	E-mail address: (to be used	for future annual report notificat	ion)
	L. Bryss at (call: 85D_) <u>508 -6457</u>	
Nan	e of Person Ar	rea Code Daytime Telephon	ie Number
Enclosed is a check for t	he following amount:		
2\$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:

BRYAN CONSTRUCTION & RENOVATIONS 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:	
1590 SCUTLAND RO	7.0. Box 2512	
HAVENE. FL.	HALLONA, FL.	
32333	32333	

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:

STEVEN	K. Bayral		
	Name '		
1590 Sa Florida street addre	DTLANID R SS (P.O. BOX <u>NOT</u> :	acceptable)	
HAVINA	Fz.	32333	5
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 Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address;
"MGR" = ManagerMGR	STEVEN K. BRYAN 4850 SHADY REST RD. HAVANA, FL. 32333
AMBR	SHELLA It. BRYAN
	7
(Use attachment if necessary)	250/16/25
•	e of filing: (OPTIONAL)
If an effective date is listed, the date must be s he date of filing.)	pecific and cannot be more than five business days prior to or 90 days after on the applicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	= KA
This document is exect any fall am aware that any fall constitutes a third degree.	nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
<u>S</u>	EVEN K, Bryon Typed or printed name of signee
	Typed 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)