

L2200000 3370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

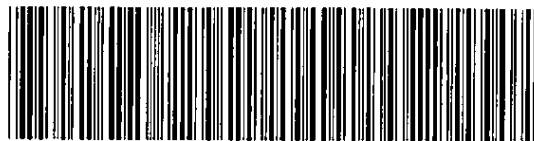
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100378019651

01/05/22--01010--014 \*\*125.00

ALLAHUSSE

2022 JAN-5 PM 12:58

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JAN-5 PM 1:47

FILED

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

125

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 01/05/2022

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- XX** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- XX** **FILING** LLC \_\_\_\_\_

1. **BROOKSTREET CAPITAL, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:** \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

Brookstreet Capital, LLC

**ARTICLE II: ADDRESS**

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

3215 South Ocean Blvd., #210  
Highland Beach, FL 33487

**ARTICLE III: PURPOSE**

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

**ARTICLE IV: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:**

Grant W. Kehres  
2000 Glades Road, Suite 302  
Boca Raton, Florida 33431

*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

**FILED**  
2022 JAN -5 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

#### ARTICLE V - MANAGEMENT:

The Limited Liability Company is to be managed by its members and is, therefore, a member - managed company. The name and address of the members are:

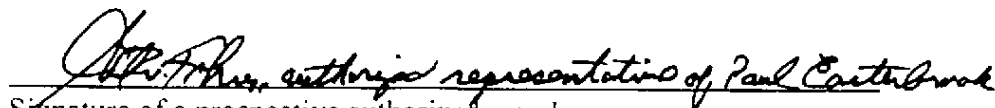
Title: Authorized Member (AMBR)  
Sara Easterbrook  
3215 South Ocean Blvd., #210  
Highland Beach, FL 33487

Title: Authorized Member (AMBR)  
Paul Easterbrook  
3215 South Ocean Blvd., #210  
Highland Beach, FL 33487

#### ARTICLE VI - EFFECTIVE DATE:

The effective date for this Limited Liability Company shall be:

The date these Articles are filed at the office of the Florida Secretary of State.

  
Signature of a prospective authorized member  
or an authorized representative of a prospective authorized member

(In accordance with Section 605.0203, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)

GRANT W. KEHRES, authorized representative of Paul Easterbrook  
Typed or printed name of signee.