

L220 0000 8415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

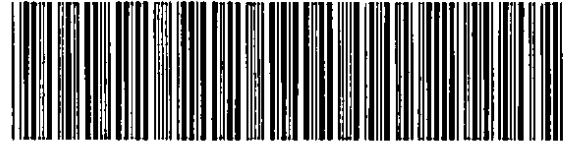
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200376346392

11/10/21--01014--028 **130.00

2021 DEC -1 PM 2:01

W21-149565



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2021

ZIMRI SMALLER
BRANCH FIRM ENTERPRISE LLC
8501 OAKSHADE CIR UNIT 202
FORT MYERS, FL 33919

SUBJECT: BRANCH FIRM ENTERPRISE PROMOTIONS LLC.
Ref. Number: W21000149565

We have received your document for BRANCH FIRM ENTERPRISE PROMOTIONS LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received. Page two of the Articles of Organization is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 121A00028038

RECEIVED
2021 DEC -1 PM 2:00

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Branch Firm Enterprise Promotions 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:

Zimri Smaller

Name of Person

Branch Firm Enterprise LLC.

Firm/Company

8501 Oakshade Cir. Unit 202

Address

Fort Myers Florida 33919

City/State and Zip Code

Yummy7945@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zimri Smaller

Name of Person

at (786)

Area Code

326-5239

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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:

Branch Firm Enterprise Promotions 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:

8501 Oakshade^{cir.} unit 202
FT. MYERS FL 33919

Mailing Address:

8501 Oakshade^{cir.} unit 202
FT. MYERS FL 33919

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.)

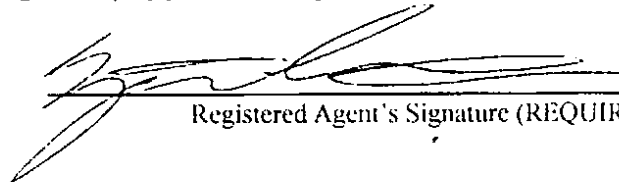
The name and the Florida street address of the registered agent are:

Zimri Smaller
Name

8501 Oakshade^{cir.} unit 202
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers FL 33919
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)

2021 DEC -1 PM 2:01
NOTARIAL SEAL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Zimri Smaller

4501 Oakshade Cir Unit 202
Fort Myers Florida 33919

(Use attachment if necessary)

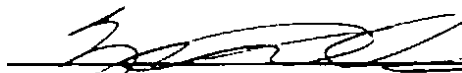
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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 s.817.155, F.S.

Zimri Smaller

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)

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