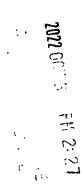
CZZ0004612

(Requestor's Name)	_
(Address)	_
(Address)	
(Address)	_
	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
	_
(Business Entity Name)	
(Document Number)	_
(======,	
Certified Copies Certificates of Status	_
	7
Special Instructions to Filing Officer:	1
	١
	ļ
	-
	Ì
	_

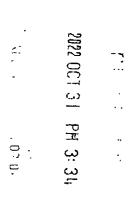
Office Use Only



700396447897



11.71/27 -01003--033 **180.00



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Greg Branty LCC Name of Limited	
Name of Limited	Liability Company
The enclosed Articles of Organization and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter t	o the following:
Gregory Brantly	
) Na	ne of Person
Fi	rm/Company
11768 Bright Star ((ve)
	Address
Tallahassee FT 323	05
Brantly@live.com	Address OS tate and Zip Code uture annual report notification)
For further information concerning this matter, please call	
(1/16/4 Brantly at (850) Name of Person Area C	ode Davtime Telephone Number
	, , , , , , , , , , , , , , , , , , , ,
Enclosed is a check for the following amount:	
	□\$155.00 Filing Fee & Certified Copy Iditional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations P.O. Box 6327	New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	КI	1	C'	L	E	1	-	`	3	n	æ	:	
---	----	---	----	---	---	---	---	---	---	---	---	---	--

The name of the Limited Liability Company is:

(Nust 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:
11768 Brotht Stor Circle	
11768 Brasht Star Circle	

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:

Gregory Brantly
Name

11768 Blight Star (Ivole

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

761/6455cc FL 32305

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 jurther 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:

"AMBR" = Authorized Member			
"NACID" - Manager			
"MGR" = Manager	_		
AMBR	Gracery Brantly		
<u></u>	1/7/3 Ben ht Stor Carles		
	# 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_
		•	_
			_
			_
			-
			_
			_
			_
			_
			-
(Use attachment if necessary)			
coment's effective date on the Department			
ocument's effective date on the Department	tor state's records.		
CLE VI: Other provisions, if any.			
CLE VI: Other provisions, if any.			
CLE VI: Other provisions, if any.			
CLE VI: Other provisions, if any.			
CLE VI: Other provisions, if any.			
CLE VI: Other provisions, if any.			
CLE VI: Other provisions, if any. REOUIRED SIGNATURE:	<u></u>		
REOUIRED SIGNATURE: Signature of a m	nember or an authorized representative of a member.		
REOUIRED SIGNATURE: Signature of a m This document is execu	nember or an authorized representative of a member uted in accordance with section 605.0203 (1) (b). Florid	la Statutes.	
REOUIRED SIGNATURE: Signature of a m This document is exect 1 am aware that any false	nember or an authorized representative of a member uted in accordance with section 605.0203 (1) (b). Florid se information submitted in a document to the Departme	la Statutes.	•
REOUIRED SIGNATURE: Signature of a m This document is exect I am aware that any fals constitutes a third degree	nember or an authorized representative of a member uted in accordance with section 605.0203 (1) (b). Florid se information submitted in a document to the Departme ee felony as provided for in s.817.155, F.S.	la Statutes.	
REOUIRED SIGNATURE: Signature of a m This document is exect I am aware that any fals constitutes a third degree	nember or an authorized representative of a member uted in accordance with section 605.0203 (1) (b). Florid se information submitted in a document to the Departme ee felony as provided for in s.817.155, F.S.	la Statutes.	•
REOUIRED SIGNATURE: Signature of a m This document is exect 1 am aware that any false	nember or an authorized representative of a member uted in accordance with section 605.0203 (1) (b). Florid se information submitted in a document to the Departme ee felony as provided for in s.817.155, F.S.	la Statutes.	•
REOUIRED SIGNATURE: Signature of a m This document is exect I am aware that any fals constitutes a third degree	nember or an authorized representative of a member uted in accordance with section 605.0203 (1) (b). Florid se information submitted in a document to the Departme ee felony as provided for in s.817.155, F.S. Typed or printed name of signee	la Statutes.	2022 0
REOUIRED SIGNATURE: Signature of a m This document is exect I am aware that any fals constitutes a third degree Cirego	nember or an authorized representative of a member uted in accordance with section 605.0203 (1) (b). Florid se information submitted in a document to the Departme ee felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:	la Statutes.	•
REOUIRED SIGNATURE: Signature of a m This document is exect I am aware that any falls constitutes a third degree Circuo S125.00 Filling Fee for Articles of O	nember or an authorized representative of a member uted in accordance with section 605.0203 (1) (b). Florid se information submitted in a document to the Departme ee felony as provided for in s.817.155, F.S. Typed or printed name of signee	la Statutes.	2022 00 10
REOUIRED SIGNATURE: Signature of a m This document is exect I am aware that any fals constitutes a third degre Lireyo \$125.00 Filing Fee for Articles of O \$ 30.00 Certified Copy (Optional)	nember or an authorized representative of a member uted in accordance with section 605.0203 (1) (b). Florid se information submitted in a document to the Departme ee felony as provided for in s.817.155, F.S. Typed or printed name of signce Filing Fees: Tryanization and Designation of Registered Agent	la Statutes.	2022 00 10
REOUIRED SIGNATURE: Signature of a m This document is exect I am aware that any falls constitutes a third degree Circuo S125.00 Filling Fee for Articles of O	nember or an authorized representative of a member uted in accordance with section 605.0203 (1) (b). Florid se information submitted in a document to the Departme ee felony as provided for in s.817.155, F.S. Typed or printed name of signce Filing Fees: Tryanization and Designation of Registered Agent	la Statutes.	2022 00 TO PH
REOUIRED SIGNATURE: Signature of a m This document is exect I am aware that any fals constitutes a third degre Lireyo \$125.00 Filing Fee for Articles of O \$ 30.00 Certified Copy (Optional)	nember or an authorized representative of a member uted in accordance with section 605.0203 (1) (b). Florid se information submitted in a document to the Departme ee felony as provided for in s.817.155, F.S. Typed or printed name of signce Filing Fees: Tryanization and Designation of Registered Agent	la Statutes.	2022 00 10