# 122000521702

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use On	in the



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## **COVER LETTER**

TO:	New Filing Sec Division of Co					
enio ie		v That, LLC				
SUBJE		Name of I	imited	Liabilit	у Сотрапу	
The end	closed Articles of	Organization and fee(s)	are sub	mitted t	or filing.	
Please r	eturn all correspo	ondence concerning this	matter	to the fo	llowing:	
	Brittany Sm	ith				
			N:	ame of I	erson	
			F	irm/Cor	npany	
	595 Trelago	Way Apt 105				
				Addre	SS	
	Maitland, Fl	L. 32751				
	icanbrewthat(	aymail com	City/S	itate and	Zip Code	
		E-mail address: (to be us	ed for t	future ar	inual report notificat	ion)
For furth		ncerning this matter, ple			·	
	Brittany Smi	th at (	989		213-8899	
	Nam	ne of Person	Area (	Code	Daytime Telephon	e Number
Enclose	ed is a check for t	he following amount:				
□\$125	5.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status		Certifie	.00 Filing Fee & d Copy l copy is enclosed)	S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address Tiling Section			Street Address New Filing Section D	ivision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

1 27				
1 Can Brew That, 1	LLC ontain the words "Limited	Linkility Company	"I 1 C " or "I 1 C ")	<del></del>
(iviust co	ontain the words Limited	павину Сотрану,	D.L.C., OF ELC. )	
ARTICLE II - Address: The mailing address and street	et address of the principal of	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
595 Trelago Way	595 Trelago Way		595 Trelago Way	
Apt 105	· -···		Apt 105	
Maitland, FL. 327:	51	Mair	tland, FL. 32751	
	Brittany Smith			
	-	Name		Mr.
	-	Name	<del></del>	MER DE
	Brittany Smith	Name ot 105	cceptable)	ME DEC
	Brittany Smith  595 Trelago Way Ap	Name ot 105	cceptable)	INCORC -5 T
The name and the Florida stre	Brittany Smith  595 Trelago Way Ap Florida street address  Maitland  City	Name ot 105 os (P.O. Box <u>NOT</u> a FL State	cceptable)  32751 Zip	MEDEC-5 PA
aving been named as registere ace designated in this certifica rther agree to comply with the	Brittany Smith  595 Trelago Way Ar Florida street address  Maitland  City  ed agent and to accept servete, I hereby accept the approvisions of all statutes resolved to a comparison of my position.	Name of 105 as (P.O. Box NOT a  FL  State vice of process for the pointment as register relating to the proper	as provided for in Chapter 60.	my aunes, ana r
aving been named as registere ace designated in this certifica other agree to comply with the	Brittany Smith  595 Trelago Way Ar Florida street address  Maitland  City  ed agent and to accept servete, I hereby accept the approvisions of all statutes resolved to a comparison of my position.	Name of 105 os (P.O. Box NOT a  FL  State vice of process for the prointment as registered agent as registered agent.	as provided for in Chapter 60.	is capacity. 150° my duties, and l

### ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	Γ
"MGR" = Manager	
AMBR	Brittany Smith
	595 Trelago Way Apt 105
	Maitland, FL. 32751
AMED	Jacob Smith
AMBR	595 Trelago Way Apt 105
	Maitland, FL. 32751
	22 22
(Use attachment if necessary)	
(Ose attachment it necessary)	
RTICLE V: Effective date, if other than	the date of filing: January 1st, 2023 (OPTIONAL)
	ust be specific and cannot be more than five business days prior to or 90 days aft
e date of filing.)	
ote: If the date inserted in this block d	loes not meet the applicable statutory filing requirements, this datewill not be listed
e document's effective date on the Dep	partment of State's records.
STREET PART Other providing if any	
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	to and Sworth
	treng small
	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	any false information submitted in a document to the Department of State
	ird degree felony as provided for in s.817.155, F.S.
<u>Brittanv</u>	
	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)