# L23000016588

(Re	questor's Name)	
(Ad	dress)	<del></del>
(Ad	dress)	
, (Cit	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
ed Copies	_ Certificates	of Status
al Instructions to	Filing Officer:	

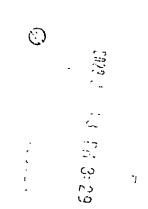
Office Use Only



300398679133

S.CHATHAM 72023

SECRETARY FOR AS



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FUTURE BRANDS	LLC			
			Art of Inc. File	
	·		LTD Partnership File	
			Foreign Corp. File	
			L.C. File	
			Fictitious Name File	
			Trade/Service Mark	
			Merger File	
			Art. of Amend, File	
			RA Resignation	
			Dissolution / Withdrawal	
			Annual Report / Reinstatemen	· <u> </u>
			Cert. Copy	
			Photo Copy	
			Certificate of Good Standing_	<del></del>
			Certificate of Status	
			Certificate of Fictitious Name	
			Corp Record Search	<u>-</u>
			Officer Search	
			Fictitious Search	<u></u>
Signature			Fictitious Owner Search	<del></del>
			Vehicle Search	<u> </u>
	· <del></del>		Driving Record	-
Requested by: SETH			UCC 1 or 3 File	
Name	Date	Time	UCC 11 Search	<del></del>
			UCC 11 Retrieval	
Walk-In Tomaside GA acc		p	Courier	
			l .	

#### **COVER LETTER**

	lew Filing Se- Pivision of Co					
SUBJECT	Future Bra	nds LLC				
Name of Limited Liability Company						
The enclos	sed Articles of	Organization and	fee(s) are	submitted	for filing.	
Please retu	ırn all corresp	ondence concernir	ng this ma	itter to the f	ollowing:	
	George G. P	appas				
				Name of	Person	<del></del>
	Pappas Law	& Title				
				Firm/Co	mpany	
	1822 N. Bel	cher Rd., Suite 20	0			
				Addr	ess	
	Clearwater,	Fl 33765				
	hkambourolia	s@yahoo.com	С	ity/State an	d Zip Code	
,		<del></del>	be used	for future a	nnual report notificati	on)
For further i	nformation co	ncerning this matt	er, please	call:		
	George G. Pa	прраѕ	72 at (		447-4999	
	Nam	e of Person			Daytime Telephone	c Number
Enclosed is	s a check for t	he following amou	ınt.			
	Filing Fee	□\$130.00 Filir Certificate of S	ıg Fee &	Certifie	5.00 Filing Fee & ed Copy el copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address iling Section on of Corporations ox 6327 assec, FL 32314	3		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	ssee et, Suite 810

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must o	ontain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal o	ffice of the Limited	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
11599 66th St. N.		1159	9 66th St. N.	
Largo, FL 33773		Larg	o, FL 33773	
ARTICLE III - Registered (The Limited Liability Comp	Agent, Registered Office, any cannot serve as its own	& Registered Agent	it's Signature:	alor
ARTICLE III - Registered (The Limited Liability Comp another business entity with The name and the Florida street	any cannot serve as its own an active Florida registratio	Registered Agent. \( \) n.)	it's Signature: You must designate an individu	alor CS J.
(The Limited Liability Comp another business entity with	any cannot serve as its own an active Florida registratio	Registered Agent. \( \) n.)	rt's Signature: You must designate an individu	alor CS JAL 1
(The Limited Liability Comp another business entity with	any cannot serve as its own an active Florida registratio ect address of the registered	Registered Agent. \( \) n.)	t's Signature: You must designate an individu	alor 28 JAN 13 1
(The Limited Liability Comp another business entity with	any cannot serve as its own an active Florida registratio ect address of the registered	Registered Agent. \n.) agent are:	it's Signature: You must designate an individu	DIVISION OF THE D
(The Limited Liability Comp another business entity with	any cannot serve as its own an active Florida registratio eet address of the registered  Harry Kambourlias	Registered Agent. \n.) agent are: Name	You must designate an individu	BIVISION CONTRACTOR SECRETARIA SE
(The Limited Liability Comp another business entity with	any cannot serve as its own an active Florida registratio ect address of the registered  Harry Kambourlias  11599 66th St. N.	Registered Agent. \n.) agent are: Name	You must designate an individu	BIVISION CONTROL OF AN ACTOR

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..

(CONTINUED)

legistered Agent's Signature (REQUIRED)

### ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	HARRY Kambourlias 11599 66th St. N. LARGO, FL 33773	DIVISION O
		<u>π</u>
(Use attachment if necessary)		
(If an effective date is listed, the date must the date of filing.)	the date of filing: (OPTIONAL)  the specific and cannot be more than five business days prior to one is not meet the applicable statutory filing requirements, this date will extrement of State's records.	-
ARTICLE VI: Other provisions, if any.		
This document is	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statury false information submitted in a document to the Department of Status	tes.
constitutes a third	degree felony as provided for in s.817.155, F.S.  AMBOUROLIAS  Typed or printed name of signee	iaic

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)