L23000 134951

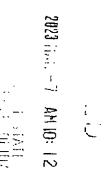
(Requestor's Name)
(Address)
· · ·
· · · · · · · · · · · · · · · · · · ·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100403183121

03/07/23--01013--010 **125.00



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Brothers and Cousins Communications 12C 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:	
Jose Cardenas Morales Name of Person	
Brothers and Cousins Communications LLC Firm/Company	
564 Tulane De Address	
Address	
Altamonte Springs, FL 32714 City/State and Zip Code Cheo Oa 72 & gmail com E-mail address: (to be used for future annual report notification)	
Cíty/State and Zip Code	
F-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sox. Cardenas Merakesu (407) 576-9321 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☑\$125.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed))
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303 Tallahassee, FL 32303 Tallahassee, FL 32303	
	i

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
D	
Parothers and Cousins	Communications LC
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC,")

ARTICLE II - Address:

ARTICLE 1 - Name:

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

Principal Office Address:	Mailing Address:
Say Tulane DR	564 tulone Dr
Altamonte Springs, FL 32714	Altomonte Springs FG 32714

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:

Jose Care	deras 1	noralo.	(
	Name		
564 Ta,	lane DR		
Florida street address			otable)
Altamontes	P17/95	FL	32714
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)

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Jose Cardenas Morales Siy Tulane DR Altemente Springs. Fl 32714
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date If an effective date is listed, the date must be sp he date of filing.)	e of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	dunar Meraly ember 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.

Jose Car denas Morales
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)

S 5.00 Certificate of Status (Optional)