

# L23000504203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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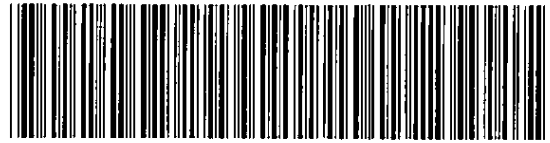
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 OCT 27 PM 1:20

MAILMASTER

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Aphermath 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:

Shane A. Bryan  
Name of Person  
Firm/Company  
430 Oneida Place NW  
Address  
Washington, DC 20011  
City/State and Zip Code  
shane\_ab@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shane A. Bryan 202 714-4879  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

Aphtermath 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:

119 Elissar Drive  
Debarv, FL 32713

Mailing Address:

119 Elissar Drive  
Debarv, FL 32713

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:

Trenton J. Friar

Name

119 Elissar Drive

Florida street address (P.O. Box **NOT** acceptable)

Debarv

FL

32713

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.*

/s/ Trenton J. Friar

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2023 OCT 27 PM 1:20  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FL

**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:**

AMBR

Trenton J. Friar  
119 Elissar Drive  
Debary, FL 32713

AMBR

Herbert S. Utile  
4702 Park Eden Circle  
Orlando, FL

AMBR

Jared Greenaway  
843 Grand Regency Pointe, Unit 204  
Altamonte Springs, FL 32714

AMBR

Ka'Nard Robinson  
843 Grand Regency Pointe, Unit 204  
Altamonte Springs, FL 32714

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2024 (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:**

*Shane Bryan*

**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.

Shane A. Bryan

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)