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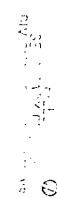
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Two Bros Properties 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:
Danny Carson Name of Person
Two Bros Properties LLC Firm/Company
22 Amigos Rd. Address
De Bary, FL 32713 City/State and Zip Code DC g+p @ Live. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (386) 337-2393 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional 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
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

(Must contain the words "Limited Liability C	LLC Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of th Principal Office Address:	e Limited Liability Company is: Mailing Address:
22 Amigos Rd. De Bary, FL 32713	22 Amigos Rd Debary, FL 32713

The name and the Florida street address of the registered agent are:

Pebary FL 327/3

City State Same

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)

2025 JAN 28 PW 6202

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MG- R_AMBR	Keith Corson 315 Riviera Dr. Dobary, FL 32713
	Debary, FL 32713
E V: Effective date, if other than the datective date is listed, the date must be splitting.) the date inserted in this block does not	c of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
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ARTICLE IV-