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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

	TRANSMITTAL LETTER	•
	stration Section sion of Corporations	MINAL STATIONS
SUBJECT: _	Carol Brown Enterprises, LLC	300
	(Name of Limited Liability Company)	
The enclosed A	Articles of Organization and fee(s) are submitted for filing.	Colons Co
	Please return all correspondence concerning this matter to the following:	, 0
	Carol Brown	
	(Name of Person)	· u
	Carol Brown Enterprises, LLC	
	(Firm/Company)	<u>-</u>
816 Tu	urtle River Court	
	(Address)	 -
	Plant City, Fl. 33567	
	(City/State and Zip Code)	·
For further inf	formation concerning this matter, please call:	
Carol Brown	at (_813) 299-1858	
	(Name of Person) (Area Code & Daytime Telephone Numbe	<u>r)</u>

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	All of the	
Carol Brown Enterprises, LLC	The state of the s	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
816 Turtle River Court	816 Turtle River Court	
Plant City, Fl. 33567	Plant City, Fl. 33567	
ARTICLE III - Registered Agent, Registered Office	& Registered Agent's Signature:	
The name and the Florida street address of the registere	-	
Carol Brown		
Name		
816 Turtle River Court	<u> </u>	
Florida street address (P.O. Box <u>NOT</u> acceptable)		
Plant City, Fl. 33567 FL	ORIDA	
City, State, and Zip		
- hope named as registered agent and to accept service of	process for the above stated limited liability	

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 608, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Mana The name and address of each Mana	ger or Managing Member is as follows:	on the A
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	ON THE SECOND
MGR	Carol Brown	
	816 Turtle River Court	
	Plant City, Fl. 33567	
MGRM	Robin Morris	
,	19211 Crooked Lane	
	Lutz, Fl. 33548	
		·
(Use attachment if necessary)		
NOTE: An additional article mus	t be added if an effective date is requested.	
REQUIRED SIGNATURE:		
Carola	about -	
Signature of a member or	an authorized representative of a member.	• "
(In accordance with section of this document constitutes that the facts stated herein a	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	
Carol Brown		***
Tyned	or printed name of signee	

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Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)