

206000110462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

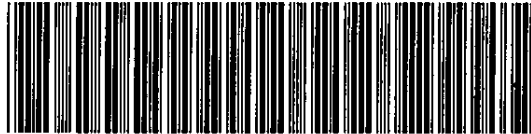
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: *[Signature]*
Can

Office Use Only



300081893723

12/01/06--01010--005 **25.00

FILED
06 DEC -1 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brown Eagle Entertainment, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alejandro Kaba

(Name of Person)

Kaba Consulting, Inc.

(Firm/Company)

214 E Washington St. Suite A

(Address)

Minneola, FL 34715

(City/State and Zip Code)

For further information concerning this matter, please call:

Alejandro Kaba

(Name of Person)

at (352) 243-8460

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Delete Members:

<u>Title:</u>	<u>Name & Address:</u>
MGR	Celso A. Ramirez 874 Marlene Dr. Ocoee, FL 34761 US
MGR	Armandina Ramirez 874 Marlene Dr. Ocoee, FL 34761 US
MGR	Rodrigo Mendoza 5010 Lighterwood Ct. Ocoee, FL 34761 US
MGR	Georgina Mendoza 5010 Lighterwood Ct. Ocoee, FL 34761 US
MGR	Marina R. Diaz 1733 Westminster Tr. Clermont, FL 34714 US
MGR	Jimmy Tovar 1406 Mist Flower Ln. Winter Garden, FL 34787 US
MGR	Jose W. Lopez PO Box 723 Ocoee, FL 34761 US

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF CORPORATIONS
NOV 11 4 PM 2:51

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brown Eagle Entertainment, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

5010 Lighterwood Ct.

Ocoee, FL 34761 US

Mailing Address:

5010 Lighterwood Ct.

Ocoee, FL 34761 US

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:

Alejandro Kaba

Name

214 E Washington St. Suite A

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

Minneola

FL 34715

City, State, and 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 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Celso A. Ramirez
874 Marlene Dr.
Ocoee, FL 34761 US

MGR

Armandina Ramirez
874 Marlene Dr.
Ocoee, FL 34761 US

MGR

Jesus Ramirez
620 Glenview Dr.
Winter Garden, FL 34787 US

MGR

Carmen Ramirez
620 Glenview Dr.
Winter Garden, FL 34787 US

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
06 NOV 14 PM 2:51

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Alejandro Kaba

Typed or printed name of signer

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)

Title:

Name & Address:

MGR

Rodrigo Mendoza
5010 Ligthterwood Ct.
Ocoee, FL 34761 US

MGR

Georgina Mendoza
5010 Lighterwood Ct.
Ocoee, FL 34761 US

MGR

Marina R. Diaz
1733 Westminster Tr.
Clermont, FL 34714 US

MGR

Jimmy Tovar
1406 Mist Flower Ln.
Winter Garden, FL 34787 US

MGR

Jose W. Lopez
PO Box 723
Ocoee, FL 34761 US

MGR

Juan A. Mendez
430 Lynn St.
Eagle Lake, FL 33839 US

MGR

Leticia Mendez
430 Lynn St.
Eagle Lake, FL 33839 US

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
06 NOV 14 PM 2:51