## L15000104233

(Re	questor's Name)	
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(Cit	, y/State/Zip/Phone ≉	<i>¥</i> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<del>)</del>
, (Do	cument Number)	·
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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06/15/15--01024--017 \*\*125.00

DIVISION OF CORPORATION

15 INN 15 PM 3: 42

06/17/15

## · COVER LETTER

	egistration Section ivision of Corporations			
SUBJECT	Brown Family Holdings LLC			
SOBJECT		f Limited Liabili	ty Company	<del></del>
The enclos	sed Articles of Organization and fee(	s) are submitted	for filing.	
Please retu	irn all correspondence concerning th	s matter to the f	ollowing:	
	Robert B Brown III			
		Name of	Person	
	Pennekamp Law			
		Firm/Co	mpany	
	2811 SW 3rd Ave			
		Addre	ess	
	Miami, FL 33133			
	rb.brown@att.net	City/State and	d Zip Code	
	E-mail address: (to be	used for future a	nnual report notificati	ion)
For further i	nformation concerning this matter, p	lease call:		
	Robert Brown	305	491-0666	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed is	s a check for the following amount:			
\$125.00 F	iling Fee \$130.00 Filing Fee Certificate of Status	s Certific	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company, "L.L.C.," or "LLC.")
ne Limited Liability Company is:  Mailing Address:
1810 NW 16th Lane
Gainesville, FL 32608

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

 Robert B. Brown III

 Name

 2811 SW 3rd Ave.

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

 Miami
 FL
 33129

 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)

Page 1 of 2

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DIVISION OF CORPORATION

ARTICLE IV	٠
The name and	1

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

	<u>Title:</u> "AMBR" = Authorized	Name and Address:	
	"MGR" = Manager	1 Member	
	AMBR	Tallulah W Brown	
		1810 NW 16th Lane	
		Gainesville, FL 32608	
	AMBR	Robert B. Brown, Jr.	
		1810 NW 16th Lane	
		Gainesville, FL 32608	
	-		
		·	
		<del></del>	
	(Use attachment if nece	essary)	
	(Use attachment if nece	• *	
ARTIC	LEV: Effective date, if of	other than the date of filing: (OPTIONAL)	
(If an e	LE V: Effective date, if c	essary) other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 days a	fter
(If an e	LE V: Effective date, if c ffective date is listed, the of filing.)	other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 days a	
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Robert B. Brown III

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)

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