

**LO20000 11504**  
*GARY Kress*

Requestor's Name  
 2735 NE 28<sup>th</sup> Ct. #1  
 Address  
 Lighthouse Point Fl. 33064  
 City/State/Zip Phone #  
 (954) 942-0900

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. L.A. Brown L.L.C.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- Walk in     Pick up time \_\_\_\_\_     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

RECEIVED  
 02 MAY 13 AM 9:46  
 DIVISION OF CORPORATION

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

APPROVED  
 AND  
 FILED  
 02 MAY 13 AM 9:50  
 SECRETARY OF STATE  
 TALAHASSEE, FLORIDA

300005505543-15  
 -05/13/02-01029-002  
 \*\*\*125.00 \*\*\*125.00

*LO2-11504*  
*DA 5/13*

Examiner's Initials DA 5/13

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

*L. A. Brown L.L.C.*

**ARTICLE II - Address:**

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

*2735 NE 28<sup>th</sup> Ct. #1 Lighthouse Point Fl. 33064*

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

*GARY PRESS*  
Name  
*2735 NE 28<sup>th</sup> Ct*  
Florida street address (P.O. Box **NOT** acceptable)  
*Lighthouse Pt. FL 33064*  
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..*

*[Signature]*  
 Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

*[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.)

*GARY PRESS*  
 Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAY 13 AM 9:50

APPROVED  
AND  
FILED

**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)