# L0300057093

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Z	ip/Phone #)		
PICK-UP				
(Bu	siness Er	ntity Name)		
	cument N	Number) rtificates of Status		
Special Instructions to	Filing Offi	icer:		
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Updater Verifyer	DCC	-		
Acknowledgement	DCC			
W. P. Verifyer	DCC			



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## TRANSMITTAL LETTER

For further information concerning this matter, please call:  ANDREW N. BROWN at (954- 739-8766  (Name of Person) (Area Code & Daytime Telephone Number)	03 DEC 22 PM (2: 54
(City/State and Zip Code)	22 F
FORT LAUDERDALE, FL 33311	3 DEC
(Address)	<b>o</b> 54
3081 NW 20 STREET	
(Firm/Company)	
BROWN' HOUSE & ROOF PAINTING	
(Name of Person)	•
ANDREW N. BROWN	
Please return all correspondence concerning this matter to the following:	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
SUBJECT: BROWN HOUSE & ROOF PAINTING & REPAIR Co. Ltd (Name of Limited Liability Company)	
TO: Registration Section  Division of Corporations	

### 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:	BROWN'S HOUSE & ROOF PAINTING & REPAIR Go.				
ARTICLE II - Address: The mailing address and street address of the princ	3081 NW 20 STREET  FORT LAUDERDALE, FL 33311  ipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
3081 NW 20 STREET  FORT LAUDERDALE, FL 33311  FORT LAUDERDALE, FL 33311					
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:					
The name and the Florida street address of the regi	stered agent are:				
ANDREW N. BROWN					
Name					
3081 NW 20 STREET					
Florida street address (P.O. B	Florida street address (P.O. Box NOT acceptable)				
FORT LAUDERDALE,  City, State, and	<u>1 33311 . 22 62</u>				
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Having been named as registered agent and to accept service of process for the above stated that it 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

(CONTINUED)

		T T T	Manager(s)		4.7	•	7 T	/ 1	•
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The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:				
"MGR" = Manager "MGRM" = Managing Member					
MGRM	ANDREW N. BROWN				
	<del></del>				
- <del> </del>					
(Use attachment if necessary)					
NOTE: An additional article m	ust be added if an effective date is requested.				
REQUIRED SIGNATURE:	• • • • • • • • • • • • • • • • • • •				
an	dy R				
Signature of a n	nember or an authorized representative of a member.				
of this document	(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.)				
AND	DREW N. BROWN				
	Typed or printed name of signee				
	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)