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6-304

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BROWN INSURANCE AGENCY LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

PEGGY BROWN

(Name of Person)

BROWN INSURANCE AGENCY LLC

(Firm/Company)

1913 B E. OLIVE RD

(Address)

PENSACOLA FL 32514

(City/State and Zip Code)

For further information concerning this matter, please call:

PEGGY BROWN at ( 850 ) 478-5972  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY 28 PM 12:05

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BROWN INSURANCE AGENCY LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1913 B E. OLIVE RD

PENSACOLA FL 32514

**Mailing Address:**

1913 B E. OLIVE RD

PENSACOLA FL 32514

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

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

PEGGY BROWN

Name

1913 B E. OLIVE RD

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

PENSACOLA FL 32514

FLORIDA

City, State, and Zip

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 TALLAHASSEE, FLORIDA  
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*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..*

*x Peggy Brown*  
 Registered Agent's Signature

**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 40% OWNER

PEGGY BROWN

1913B E. OLIVE RD

PENSACOLA FL 32514

MGRM 30% OWNER

TRACY MURPHY

1913B E. OLIVE RD

PENSACOLA FL 32514

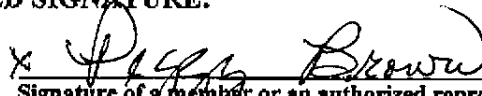
MGRM 30% OWNER

ERICA BARRON

1913B E. OLIVE RD

PENSACOLA FL 32514

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.****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.)

PEGGY BROWN

Typed or printed name of signer

**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)

 04 MAY 28 PM 12:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FL 32399

 FILED  
 AND  
 NOTED