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(Re	questor's Name)	······································
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	·····

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SECRETARY OF STATIONS
INVISION OF CORPORATIONS
OF NOV 14 PM 2: 51

J. BRYAN NOV 1 5 2006

COVER LETTER

TO:	Registration Se Division of Co					
SUBJI	ECT: Brown	Eagle Entertainment,		<u></u>	<u>.</u>	
		(Name of Limite	d Liability Compa	ny)	•	
The en	sclosed Articles o	f Organization and fee(s) are s	ubmitted for filing	} -		
Please	return all corresp	ondence concerning this matte	er to the following	:		
	Alejandro ł	Kaba				08 HON 14 PM 2: 51
		Ò	Name of Person)	· · · · · · · · · · · · · · · · · · ·		書の記
	Kaba Cons	sulting, Inc.				2 93
		(Firm/Company)			Pr
	214 E Wa	shington St. Suite	A			2
	,		(Address)			
	Minneola,	FL 34715				
		(City	State and Zip Code)		
For fu	rther information	concerning this matter, please	call:			
Aleja	andro Kaba		at (352	243-846	0	
	(Name	of Person)		& Daytime To	elephone Number)	
Enclo	sed is a check fo	or the following amount:				
□ \$12:	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	<i>y</i>	\$160.00 Filing Certificate of State Certified Copy (additional copy is end	us &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Boundary 2661 Exe	ourier Address on Section of Corporation uilding cutive Center ee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP **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: **Mailing Address:** 5010 Lighterwood Ct. 5010 Lighterwood Ct. Ocoee, FL 34761 US 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 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..

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REOUIRED)

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

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

MGR	Onles A. Flaurian
IVIGN	Celso A. Ramírez
	Ocoee, FL 34761 US
	00066,12.0470103
MGR	Celso A. Ramirez 874 Marlene Dr. Ocoee, FL 34761 US Armandina Ramirez 874 Marlene Dr. Ocoee, FL 34761 US
	874 Marlene Dr.
	Occee, FL 34761 US
MGR	Jesus Ramirez
	620 Glenview Dr.
	Winter Garden, FL 34787 US
MCD	Common Pareiron
MGR	Carmen Ramirez 620 Glenview Dr.
	Winter Garden, FL 34787 US
(Use attachment if necessary	<i>i</i>)
LE V: Effective date, if other	r than the date of filing: (OPTION.
-	e must be specific and cannot be more than five business da
	1
flective date is listed, the date days after the date of filing.	9
· · · · · · · · · · · · · · · · · · ·	·)
· · · · · · · · · · · · · · · · · · ·	

that the facts stated herein are true.)

Alejandro Kaba

Typed or printed name of signee

of this document constitutes an affirmation under the penalties of perjury

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 Ligtherwood 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