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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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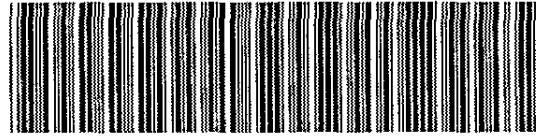
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. BRYAN NOV 15 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brown Eagle Entertainment, 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:

Alejandro Kaba  
(Name of Person)

Kaba Consulting, Inc.  
(Firm/Company)

214 E Washington St. Suite A  
(Address)

Minneola, FL 34715  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Alejandro Kaba at ( 352 ) 243-8460  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional 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/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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**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.  
Ocoee, FL 34761 US

5010 Lighterwood Ct.  
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.)

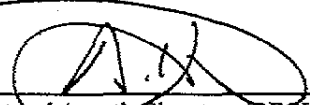
The name and the Florida street address of the registered agent are:

Alejandro Kaba  
Name

214 E Washington St. Suite A  
Florida street address (P.O. Box **NOT** acceptable)

Minneola FL 34715  
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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

**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

Celso A. Ramirez  
874 Marlene Dr.  
Ocoee, FL 34761 US

MGR

Armandina Ramirez  
874 Marlene Dr.  
Ocoee, FL 34761 US

MGR

Jesus Ramirez  
620 Glenview Dr.  
Winter Garden, FL 34787 US

MGR

Carmen Ramirez  
620 Glenview Dr.  
Winter Garden, FL 34787 US

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Alejandro Kaba

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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**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

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