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ECRETARY OF STATE

### COVER LETTER

TO:	Registration Se Division of Co						
SUBJE	ест: <u>В<b>е</b></u>	OWN GENERA (Name of Limited	Contenting d Liability Company)	SERVICES, LL			
The end	closed Articles of	f Organization and fee(s) are s	ubmitted for filing.				
Please i	return all corresp	ondence concerning this matte	er to the following:				
	Rob	ERT BROW	Name of Person)				
		N GENERAL CON		ices, LLC			
	24 Judy Place (Address)						
-	KEY	LARGO, FL	Opida, 330 (State and Zip Code)	037			
For furt	ther information	concerning this matter, please	call:				
Rol	DERT R	of Person)	at (717) 497 (Area Code & Daytime To	- 2712 elephone Number)			
Enclos	ed is a check fo	or 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 Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns			

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

ARTICI	ŒI	- Nam	e:
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The name of the Limited Liability Company is:

BROWN GENERAL CONTRACTING SERVICES, 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:
24 Judy PLACE	84 Judio PLACE
KEV LARGO	KEU LARGO
Florida 33037	Florida 33037

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:	OG DET SECRE TALLA
Name  24 Jody PLACE  Florida street address (P.O. Box NOT acceptable)	FILED C 19 PM TARY OF HASSEE, F
KEY LARGO FL 33037 City, State, and Zip	3: 47 STATE LORDA

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)

(CONTINUED)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ (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.)

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)