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(F	Requestor's Name)	
· (A	Address)	
A)	Address)	
(Č	Dity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(E	Ocument Number)	
Certified Copies	Certificates	s of Status

Special Instructions to Filing Officer:

L. SELLERS

JAN 28 2008

EXAMINER

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SECRETARY OF STATE

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7.

ARTICLES OF ORGANIZATION OF EZELL BROWN, LLC

ARTICLE I

The name of the limited liability company is EZELL BROWN, LLC.

ARTICLE II

The mailing and street address of the principal office of the limited liability company is 3650 Coral Ridge Drive, Suite 105, Coral Springs, Florida 33065.

ARTICLE III

The name and the Florida street address of the registered agent is EZELL BROWN, 3650 Coral Ridge Drive, Suite 105, Coral Springs, Florida 33065.

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.

₹ZELL BROWN

ARTICLE IV

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

MANAGER

EZELL BROWN
3650 Coral Ridge Drive, Suite 105
Coral Springs, Florida 33065

EZELL BROWN

(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).

-2008 JAN 25 PH 4: 55
SECRETARY OF STATE