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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ROBERTS, SEWARD & COMPANY PA
Account Number : I20040000178
Phone : (813) 225-1040
Fax Number : (813) 221-3135

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -6 AM 10:44

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BROWN HERITAGE, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

D. BRUCE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BROWN HERITAGE, LLC

(Must end with the words "Limited Liability Company," "L.L.C." or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

5115 LAKE LE CLARE ROAD
LUTZ, FL 33558

Mailing Address:

5115 LAKE LE CLARE ROAD
LUTZ, FL 33558

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:

ANNA K. LAUGHRIDGE

Name

5115 LAKE LE CLARE ROAD

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

LUTZ, FL 33558

FL

City, State, and Zip

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SECRETARY OF STATE

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.

Anna K. Laughridge
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H08 0001228703

H080001228703

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

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

Title:

"MGR" = Manager

"MORM" = Managing Member

Name and Address:

MGR

ANNA K. LAUGHRIDGE

5115 LAKE LE CLARE ROAD

LUTZ, FL 33556

MGR

RICHARD DOUG BROWN

5115 LAKE LE CLARE ROAD

LUTZ, FL 33556

(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.)

Typed or printed name of signer

Filing Fee:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 3.00 Certificate of Status (Optional)

Page 2 of 2

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