

LO9000116987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

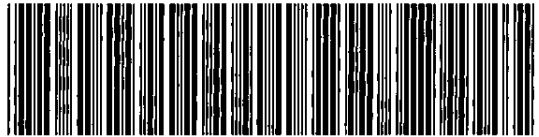
Special Instructions to Filing Officer:

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DEC - 9 2009

EXAMINER

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12/07/09--01070--025 **160.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2009 DEC - 7 PM 1:22

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: D. A. Brown, 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:

David A. Brown
Name of Person
D. A. Brown, LLC
Firm/Company
307 Monahan Drive
Address
Fort Walton Beach, FL 32547
City/State and Zip Code

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STATE OF FLORIDA
TALLAHASSEE

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E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David A. Brown at (850) 862-2801
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

D.A. Brown, 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:

Mailing Address:

D.A. Brown LLC
307 Monahan Drive
Ft. Walton Bch, FL 32547

D.A. Brown, LLC
307 Monahan Drive
Ft. Walton Bch, FL 32547

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:

Russell A. Brown

Name

1126 Pin Oak Circle

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

Niceville FL 32578

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..

Russell A. Brown

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TAMU
CLERK OF COURT
HARRIS CO. FLORIDA

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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:

Manager

David A. Brown
307 Monahan Drive
Ft. Walton Bch, FL 32547

RECEIVED BY CLERK
FALL HARBOR, FL 33644

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12-04-09. (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:

David Brown

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.)

David A. Brown

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)