# L100000/0303

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800163849528

01/27/10--01028--013 \*\*130.00

2010 JAN 27 PHIZ: 39

20 10 Ma - 10: 26

T. CLINE

JAN 28 2010

**EXAMINER** 

# **COVER LETTER**

то:	Registration of	on Section Corporations		
SUBJECT: Billy Brown Management Consulting LLC				
		Name of Limite	ed Liability Company	
The en	closed Article	es of Organization and fee(s) are	submitted for filing.	
Please	return all corr	respondence concerning this matt	er to the following:	
			Billy J. Brown	· · · · · ·
			Name of Person	
		Billy Brown Ma	nagement Consulting LLC	
			Firm/Company	21
		16954 SE 9	6th Chapelwood Circle	2010 JAN 27
			Address	1 7
		The V	/illages, FL 32162	
			//State and Zip Code	PH N
		billybro	wn@billybrown.net	
		E-mail address: (to be used for	or future annual report notification)	ar u
For fur	ther informati	on concerning this matter, please	call:	
	Bi	illy J. Brown	at ( 352 ) 753-7072	
	Na	me of Person	Area Code & Daytime Telephone Number	
Enclos	sed is a check	c for the following amount:		
_		e \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$160.00 Filing Certificate of S Certified Copy (additional copy is	Status &
		Mailing Address	Street/Courier Address	
		Registration Section Division of Corporations	Registration Section Division of Corporations	
		P.O. Box 6327	Clifton Building	
		Tallahassee, FL 32314	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:	
Billy Brown Managemen (Must end with the words "Limited Liabilit	t Consulting LLC y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16954 SE 96th Chapelwood Circle The Villages, FL 32162	16954 SE 96th Chapelwood Circle The Villages Ft 32162
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re	Office, & Registered Agent's Signature:
Billy J. P.	
Florida street address (P.O. I The Villagen City, State, and	Chapelwood Cir Box NOT acceptable)  FL 32162 d Zip
liability company at the place designated in th registered agent and agree to act in this capacity.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

## 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:

"MGRM" = Managing Member	
MGR	Billy J. Brown 16954 SE 96th Chapelwood Circle The Villages, FL 32162
	14 14 27 27 27 27 27 27 27 27 27 27 27 27 27
(Use attachment if necessary)	PH ©: 39
	ust be specific and cannot be more than five business days
REQUIRED SIGNATURE: Signature of a m	lember or an authorized representative of a member.
(In accordance w	with section 608.408(3), Florida Statutes, the execution to constitutes an affirmation under the penalties of perjury ted herein are true.)
	Billy J. Brown  Typed or printed name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)