

L10000061060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

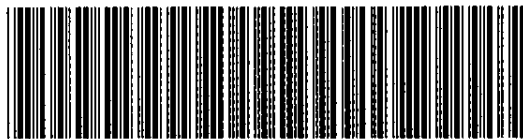
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FILED  
10 MAY 26 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
MAY 27 2010  
EXAMINER

W110-25829



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 27, 2010

STEVEN ALLEN ATHERTON  
971 W INDIES DR  
RAMROD KEY, FL 33042

SUBJECT: ~~BROWN, LLC~~  
Ref. Number: W10000025829

*LARSEN HOMES, LLC*

We have received your document for ~~BROWN, LLC~~ and your check(s) totaling \$500.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 610A00013400

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BROWN, LLC LARSEN HOMES, 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:

STEVEN ALLEN ATHERTON  
Name of Person

DAVID PAUL HORAN  
Firm/Company

971 W. INDIES DR.  
Address

RAMROD KEY, FL 33042  
City/State and Zip Code

TREASURESALVORS@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN ATHERTON at ( 904 ) 629-6843  
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:

BROWN, LLC LARSEN HOMES, 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:**

971 W. INDIES DR.  
RAMROD KEY, FL 33042

SAME

**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:

STEVEN ALLEN ATTERTON  
Name

971 W. INDIES DR  
Florida street address (P.O. Box **NOT** acceptable)  
RAMROD KEY FL 33042  
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.*

Steven Allen Atterton

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**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:**

MGRM

STEVEN ALLEN ATHERTON  
971 W. INDIES DR.  
RAMROD KEY, FL 33042

MGRM

MARY K. BROWN  
1737 MARION ROAD  
JACKSONVILLE, FL 32216

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MAY 21, 2010. (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:**

Mary K 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.)

MARY K. 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)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA