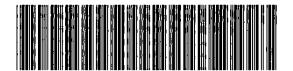
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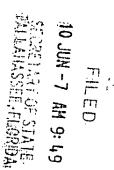
(Requestor's Name)	<u> </u>	
(Address)		
(Address)		
(City/State/Zip/Phone	#)	
PICK-UP WAIT	MAIL	
(Business Entity Name	ə)	
(Document Number)		
Certified Copies Certificates of	of Status	
Special Instructions to Filing Officer:		
3064		

Office Use Only



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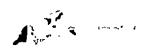


S. HAWKES

MAY 2 7 2010

EXAMINER

12550 + 2550





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 27, 2010

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

SUBJECT: BROWN AND COMPANY LLC

Ref. Number: W10000025830

LARSEN RENTAL, LLC

We have received your document for BROWN AND COMPANY 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: 210A00013402

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BROWN and COMPANY LLC LARSEN RENTAL, LLC Name of Limited Liability Company	<u>~</u>
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	
TREASURE SALVORS @ 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 \$\ \text{Certificate of Status} \text{U\$\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{U\$\$\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Me Shaper - The

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

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.	SAME
RAMROD KEY, FL 33042	

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	ATTHERTON
	Name	_
971 W.	INDIES	De.
Flo	orida street address ((P.O. Box <u>NOT</u> acceptable)
RAMROD	KEY FL City, State, ar	33042
	City, State, at	id 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member MGRM MGRM	STEVEN ALLEN ATHERTOR 971 W. INDIES DR. RAMROD KEY, FL 33042 MARY K. BROWN 1737 MARION ROAD JACKSONVILLE, FL 322
	ne date of filing: MAY 21, 2010 . (OPTIONAL) be specific and cannot be more than five business days prior
_	K. Blocen) ber or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury nerein are true.)

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)