

L10000061063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

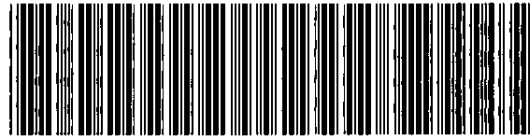
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10 MAY 26 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAY 27 2010

EXAMINER

1110-25846



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2010

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

SUBJECT: ~~BROWN & COMPANY, LLC~~
Ref. Number: W10000025846

LARSEN COMPOUND, LLC

~~LARSEN~~

We have received your document for ~~BROWN & 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: 810A00013415

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~BROWN & COMPANY, LLC~~ LARSEN Compound, 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:

971 W. INDIES DR.
RAMROD KEY, FL 33042

Mailing Address:

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 ATHERTON
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 Atherton

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

FILED
10 MAY 26 AM 9:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

(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)