

L10VVUUU 63222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

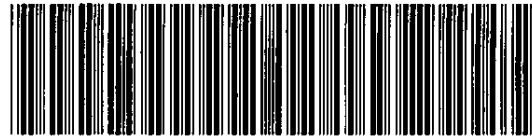
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000181839390

06/14/10--01043--027 **160.00

FILED
10 JUN 14 AM 10:06
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

JUN 15 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROWN TRADE & TRANSPORT SERVICES, 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:

TOM W. BROWN

Name of Person

BROWN TRADE & TRANSPORT SERVICES, LLC

Firm/Company

P.O. BOX 114

Address

PONTE VEDRA BEACH, FL 32004-0114

City/State and Zip Code

tbrown@bttstransport.com

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

For further information concerning this matter, please call:

TOM W. BROWN

Name of Person

at (904) 285-3505

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

FILED
STATE
SECRETARY OF CORPORATIONS
10 JUN 16 AM 10:06

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BROWN TRADE & TRANSPORT SERVICES, 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:

113 NORTH ROSCOE BLVD
PONTE VEDRA BEACH, FL 32082

Mailing Address:

P.O. BOX 114
PONTE VEDRA BEACH, FL 32004-0

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:

TOM W. BROWN

Name

113 NORTH ROSCOE BLVD

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

PONTE VEDRA BEACH, FL 32082

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS
10 JUN 14 AM 10:00

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:

"MGR"

TOM W. BROWN

P.O. BOX 114

PONTE VEDRA BEACH, FL 32004-0114

MBR

MARY JANE BROWN

P.O. BOX 114

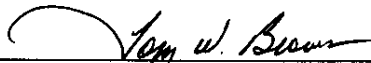
PONTE VEDRA BEACH, FL 32004-0114

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JUNE 14, 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:



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.)

TOM W. 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)