# 44000001

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

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G. MCLEOD

SEP. 2.2 2010

EXAMINER



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10 SEP 21 PH 1: 35
SECRETARY OF STATE

## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	orporations		
SUBJECT: Choppe	r Brown International LI		
	Name of Limite	ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Judith J Brow	'n		-
		Name of Person	
Channar Bray	wn International LLC		
Споррег втоу	Wit international LLC	Firm/Company	
1240 Grant St	treet		
		Address	
11-11	22040		
Hollywood, Fl		y/State and Zip Code	
ibround02001		your una zip oode	
jbrown402001		for future annual report notification)	_
Car Cardon In Comment		a and the	
For further information	concerning this matter, please	e can;	
Judith J Brown		at ( 305 ) 613-5659	
	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	<b>2</b> \$130.00 Filing Fee &	□\$155.00 Filing Fee & □ \$160.00 Filing Fee,	
	Certificate of Status	Certified Copy Certificate of Status &	
		(additional copy is enclosed) Certified Copy	ls.
		(additional copy is enclosed	J
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	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:	
Chopper Brown International LLC		
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Lial	bility Company is:
Principal Office Address:	Mailing Address:	
1240 Grant Street	1240 Grant Street	
Hollywood, FI 33019	Hollywood, Fl 33019	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)  The name and the Florida street address of the Judith J Brown	egistered Agent. You must designate an individ	Signature:  ual or another  10 SEP 21
Na	ame	SEE SEE
1240 Grant Street Florida stree	t address (P.O. Box <u>NOT</u> acceptable)	PM 1:35 OF STATE E. FLORIO
Hollywood, FI 33019	FL 7, State, and Zip	<u>Б</u> м <b>У</b>
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..

Egistered 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:

	Title:		Name and Address:			
	"MGR" = Manager "MGRM" = Manager					
	·	58				
	MGR	_	Judith J Brown			
			1240 Grant Street			
			Hollywood, FI 33019			
		_				
		_				
		<del>-</del>				
	(Use attachment if	necessary)				
(If an e		d, the date must be sp	e of filing: (OPTIONA ecific and cannot be more than five business day			
	REQUIRED SIG		)			
	ā	Judis	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.)					
		Judith J 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)