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(Re	equestor's Name))
(Ac	ddress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
,		



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Office Use Only

COVER LETTER

_	ion Section of Corporations		
SUBJECT: Mic	chael Patrick Brown	LLC:	
SCHOLCI		ted Liability Company	
	And the second second		
The enclosed Artic	cles of Organization and fee(s) are	submitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
<u>Micha</u>	el Patrick Brown		
		Name of Person	
Micha	el Patrick Brown LL	C.	
	,	Firm/Company	
17233	SE 81 ST. Thorneh	ill Ave.	
		Address	
The Vill	ages Florida 32162		
·	C	ty/State and Zip Code	
<u>`jacysky</u>	relar@gmail.com	for future annual report notification)	
For further inform	ation concerning this matter, pleas	•	
	•		
Michael Patr		at (352) 272 8587	shows Number
	Name of Person	Area Code & Daytime Telep	mone Number
Enclosed is a cho	eck for the following amount:		
\$125.00 Filing Fe	\$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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	E i	T '	Nο	-	
А	K I		, M.,	-	NA	me	١.

The name of the Limited Liability Company is:

Michael Patrick Brown LLC.

business entity with an active Florida registration.)

(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:
Michael Patrick Brown	Michael Patrick Brown
17322 SE 81 ST. Thornehill Ave.	17322 SE 81 ST. Thornehill Ave.
The Villages Florida 32162	The Villages Florida 32162

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

Name

The name and the Florida street address of the registered agent are:

Michael Patrick Brown

17322 SE 81 ST. Thornehill Ave.

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

The Villages

_{EL} 32162

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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Membe	er e
MGR	Michael Patrick Brown
	17322 SE 81 ST. Thomehill Ave.
	The Villages Florida 32162
	Z.
(Use attachment if necessary)	
(Osc attachment if necessary)	
LEV: Effective date, if other the	nan the date of filing: (OPTIONAL
ffective date is listed, the date i	must be specific and cannot be more than five business days
days after the date of filing.)	•
DECLUDED CICNATIDE.	
REQUIRED SIGNATURE:	
	n L / R
Michael	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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michael Patrick 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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