# 112000043748

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12 MAR 28 PN 2: 42
SECRETARY OF STATE

B. BOSTICK
MAR 2 9 2012
EXAMINER

# **COVER LETTER**

	stration Section ion of Corporations
SUBJECT:	The Brown Law Group, LLC
	Name of Limited Liability Company
The enclosed	Articles of Organization and fee(s) are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
Vind	cent T. Brown
	Name of Person
The	Brown Law Group
	Firm/Company
847	NW 119 Street, Suite 202
	Address
Mian	ni, FL 33168
<del></del>	City/State and Zip Code
<u>vtbla</u>	w@bellsouth.net
	E-mail address: (to be used for future annual report notification)
For further inf	Formation concerning this matter, please call:
Vincent T	at ( 000 ) 000 7000
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a	Name of Person  Area Code & Daytime Telephone Number:  Code & Daytime Tele
<b>√</b> ]\$125.00 Filing	See \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Miami,

The Brown Law Group, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
847 NW 119th Street, Suite 202 Miami, Florida 33168	847 NW 119th Street, Suite 202 Miami, Florida 33168
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another The registered agent are:
847 NW 119 S	treet, #202
Florida stree	t address (P.O. Box NOT acceptable)

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..

FL 33168
City, State, and Zip

Registered Agent's Signature (REQUIRED)

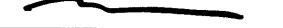
(CONTINUED)

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

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

MGR	Vincent T. Brown
WIOT	Vincent T. Brown
	Fo 3
	HAS
	0. m.
	STAT STAT
	——————————————————————————————————————
(Use attachment if necessary)	
I E V. Effective data if athenthe	n the date of filing: (OPTION

# **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. 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.)

### Vincent T. 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)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2012

VINCENT T. BROWN 847 NW 119TH STREET STE 202 MIAMI, FL 33168

SUBJECT: THE BROWN LAW GROUP, P.C.

Ref. Number: W12000011106

We have received your document for THE BROWN LAW GROUP, P.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 412A00009213