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| (Requestor's Name) | |
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| (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: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Lee Enterprises of Browned 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: |
| David Lee Corroll Name of Person |
| Name of Person |
| |
| Firm/Company |
| 1396 Acnold Dr. |
| Address |
| Mc Dourne F1 - 32935 City/State and Zip Code |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Darid Corroll at (3Li) 508-2427 Name of Person Area Code & Davtime Telephone Number |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □\$125.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ (additi |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration Section |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
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: | |
| (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 | y Company is: |
| Principal Office Address: Mailing Address: | |
| 1396 Arnold Dr. Melb. Fl 32935 Melbourne Fl 32935 3. | · |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or business entity with an active Florida registration.) | |
| The name and the Florida street address of the registered agent are: | · · · · · · · · · · · · · · · · · · · |
| Donid Lee Corroll Name | DIZ I |
| Name | AEA BO T |
| 1396 Arnold Or. Florida street address (P.O. Box NOT acceptable) | FILED DEC 12 PM 12: 18 PRETARY OF STATE LAHASSEE, FLORIDA |
| Florida street address (P.O. Box <u>NOT</u> acceptable) | FES ZE D |
| Mclyourne FL 32935 City, State, and Zip | ORE OR |
| | |
| Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the apprecistered agent and agree to act in this capacity. I further agree to comply with the all statutes relating to the proper and complete performance of my duties, and I am and accept the obligations of my position astregistered agent as provided for in Chaptana and accept the obligations. | pointment as e provisions of familiar with |
| 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 | David Carroll 1396 Arnold Dr. |
|--|---|
| • | 1396 Arnold Dr. Mc16- F1 32935 |
| | |
| | |
| | |
| The site of the si | |
| (Use attachment if necessary) | |
| CLE V: Effective date, if other the | an the date of filing: <u>bec 5 2012</u> . (OPTIONA |

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.)

David Lee Corroll
Typed or printed name of signee

Filing Fees:

Fill Not Filling Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of States (Equipment)