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. (R€	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Effective Date

06/05/13--01032--021 **160.00

2013 JUN 25 PM 3: 43
SECRETARY OF STATE

W13-32913

JUN 2 6 2013 J. BRYAN



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2013

THOMAS J. BROWNE BROWNE INVESTIGATIONS LLC 3 SPY GLASS LANE PONTE VEDRA BEACH, FL 32082

SUBJECT: BROWNE INVESTIGATIONS, LLC

Ref. Number: W13000032973



We have received your document for BROWNE INVESTIGATIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is #L07000008592, BROWNE INTEGRATION INCORPORATED, LLC.

Please return 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) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 113A00014239

Florida Department of State:

This is a re-submission request due to a name conflict. I have amended the name of the LLC from Browne Investigations LLC to Tom Browne Investigations, LLC. I have contacted your office and was advised this should be acceptable. You still have my check for \$160.00 to cover the request.

Please contact me at 717/269-0015 if you have any additional questions or concerns.

Thank you,

Tom Browne



(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Tom Browne Investigations, 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:

Thomas Browne

Name of Person

Tom Browne Investigations, LLC

Firm/Company

3 Spy Glass Lane

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

Thomasibrowne2@gmail.com

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

For further information concerning this matter, please call:

Tom Browne

_{...}717 \ 269-0015

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	ability Company, "L.L.C.," or "LLC.")
Tom Browne Investigations, LLC.	Service of the servic
(Must end with the words "Limited Lis	ability Company, "L.L.C.," or "LLC.")
	6 5
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3 Spy Glass Lane	Same
Ponte Vedra Beach, FL 32082	
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another Effective Date e registered agent are:
Deborah B. Browne	
Nat	me
3 Spy Glass Lane	
Florida street	address (P.O. Box NOT acceptable)
Ponte Vedra Beach, 3	32082
	State, and Zip
liability company at the place designated i	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of

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	Name and Address:
_	
"MGRM" = Managing Member	
	For Exp
MGR	Thomas J. Browne
	3 Spy Glass Lane
	Ponte Vedra Beach, FL 32082
	The state of the s
	Thomas J. Browne 3 Spy Glass Lane Ponte Vedra Beach, FL 32082
	,
	
// 1 10 X	
(Use attachment if necessary)	
•	4- 4-4 - CCI; 06/22/2013 (OPTIONAL)
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effective date is listed, the date m	ust be specific and cannot be more than five business
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LE V: Effective date, if other than a ffective date is listed, the date may or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a ment of the date o	nber of an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other than a ffective date is listed, the date may or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a ment of the date o	nber of an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.

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)