

L13000107622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

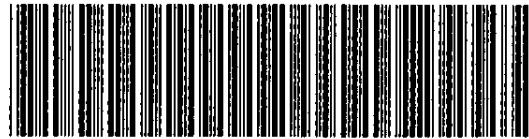
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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W13-41345

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2013 JUL 30 AM 7:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 31 2013

EXAMINER

(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Brown Tire & Light Repair, 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:

**Katie Welch**

Name of Person

**Brown Tire & Light Repair, LLC**

Firm/Company

**5083 N. US Highway One**

Address

**Cocoa, FL 32927**

City/State and Zip Code

**browntire.andautorepair@yahoo.com**

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

For further information concerning this matter, please call:

**Katie Welch**

Name of Person

at ( **321** ) **557-2379**

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

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2013 JUL 30 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Brown Tire & Light Repair, LLC

(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:

5083 N. US Highway One

Cocoa, FL 32927

### Mailing Address:

975 Pinson Boulevard

Rockledge, FL 32955

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Katie Welch

Name

975 Pinson Boulevard

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

Rockledge, FL 32955

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)

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JUL 30 AM 8:12  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

added titles per Katie Welch 7-31-13

Katie Welch, MGRM

975 Pinson Boulevard

Rockledge, FL 32955

Ezekiel Brown, mgr

975 Pinson Boulevard

Rockledge, FL 32955

Marvin Miller, MGRM

1434 Paradise Lane

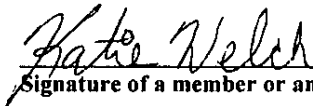
Cocoa, FL 32922

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Katie Welch

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JUL 30 AM 8:12

FILED

**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

July 23, 2013

KATIE WELCH  
5083 N. US HIGHWAY ONE  
COCOA, FL 32927

SUBJECT: BROWN TIRE & LIGHT REPAIR, LLC  
Ref. Number: W13000041345

FILED  
2013 JUL 30 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for BROWN TIRE & LIGHT REPAIR, LLC and your check(s) totaling \$168.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 22, 2013. Please amend your document accordingly.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 113A00017812