## L13000173491

(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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ACCOUNT NO. : I2000000195 REFERENCE: 919908 74804708
HORIZATION: AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: December 12, 2013 ORDER TIME : 10:10 AM ORDER NO. : 919908-005 CUSTOMER NO: 4804708 DOMESTIC FILING NAME: BROWN GLOBAL MANAGEMENT LLC EFFECTIVE DATE: \_\_\_ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susie Knight - EXT. 52956 EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR	RPLORIDA LIMITED LIABILITYY COMPAL T
ARTICLE I - Name:	
The name of the Limited Liability Company	y is:
Brown Global Management LLC	
	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8845 S. Military Trail, Suite 100	8845 S. Military Trail, Suite 100
Palm Beach Gardens, FL 33410	Palm Beach Gardens, FL 33410
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
H.J. Brown Florida Proper	ties Management, Inc.
Na	ume

8845 S. Military Trail, Suite 100

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

Palm Beach Gardens,

33410

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.

Morgan Brown, Co-Manager

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	er
MGR	Morgan A. Brown
	8845 S. Military Trail, Suite 100
•	Palm Beach Gardens, FL 33410
MGR	Catherine N. Brown
	8845 S. Milltary Trail, Suite 100
	Palm Beach Gardens, FL 33410
Use attachment if necessary)	
•	
	than the date of filing: (OPTIO
	te must be specific and cannot be more than five bus
or 90 days after the date of f	0.,
or 90 days after the date of f	
or 90 days after the date of t REQUIRED SIGNATURE:	<i>A</i>
	11/18
REQUIRED SIGNATURE:	a member or an authorized representative of a member.

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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MORGAL REGUN (0 - MANAGER
Typed or printed name of signee

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