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J. Stevers MAR 2 7 2015



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Brownell'S Maintenan Name of Limited Liability C	ompany
The enclosed Articles of Organization and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the follo	wing:
Ronald Brownell	
Name of Pers	son
Firm/Compa	nv
Типесопра	,
9131 Se 19350 Ave	
Address	,
Ocklauscha FT 32 City/State and Zig	O Code
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, please call:	
Ronald Brewnell at (518) Name of Person Area Code	879-6967  Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified C (additional co	
Mailing Address Stre	pet/Courier Address

Registration 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 1 - Name:

The name of the Limited Liability Company is:	
Brownell's Mainter (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 o	
Principal Office Address:	Mailing Address:
9131 Se 193rd Ave Ocklaubha Fl 32179	9131 Se 1930 Ave Ocklawaha F1 32179
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	
PLAN FRIS Name 9235 S.E. 193 Rd. Florida street address (P.O. Box	bie
Name	:
9235 SE 193Rd	Ave.
Florida street address (P.O. Box	( NOT acceptable)
OcklawAhn City	FL 32179
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	ervice of process for the above stated limited liability company at of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in other 605, F.S.
Alan Fis Registered Agent's Signa	bij 5
Registered Agent's Signs	mre (REQUIRED)
(CONTINU	(FD)
Page I of	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Ronald Brownell 9131 Se 1931 Ave Ocklewaha F1 32179
-	
(Use attachment if necessary)	e of filing: 3/9/15 (OPTIONAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be spee of filing.)	e of filing: 3/9/15 . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the date effective date is listed, the date must be spee of filing.)	e of filing: 3/9/15 . (OPTIONAL)  Decific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the date effective date is listed, the date must be spee of filing.)	e of filing: 3/9/15 . (OPTIONAL)  specific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the date effective date is listed, the date must be spee of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	Decific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the date effective date is listed, the date must be spee of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 60 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. I mation submitted in a document to the Department of States are the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than the date effective date is listed, the date must be spee of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 60 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, rmation submitted in a document to the Department of States.
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 60 constitutes an affirmation und I am aware that any false inforcenstitutes a third degree feloric RON	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the Department of States are provided for in s.817.155, F.S.)  ALD BROWNELL