

(Requestor's Name)
(Address)
· ·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Efficy Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400285897334

05/19/16--01015--005 **125.00



1 TEN OF THE O

COVER LETTER

	Nico Brown Productions LLC.
SUBJECT:	
	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	Baba Farid Brown
-	Name of Person
•	Nico Brown Productions LLC.
	Firm/Company
	15296 Spinning Wheel Ln.
	Address
	Spring Hill FL. 34604
n	City/State and Zip Code ico.thebrown@gmail.com
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
1	Nico Brown 352 3988365
-	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
/]\$125.00 Fili	ing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status} \text{\$\text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}} \text{\$\text{\$Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{\$Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{\$Certified Copy (additional copy is enclosed)}}} \$\text{\$\tex{
	Mailing Address New Filing Section New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lia	omy company is.	
Nico Brown Prod	luctions LLC.	
(Must	end with the words "Limited Liabil	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	et address of the principal office of	he Limited Liability Company is:
<u>Prir</u>	cipal Office Address:	Mailing Address:
ARTICLE III - Registered (The Limited Liability Comp		tered Agent's Signature: red Agent. You must designate an individual or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Regi any cannot serve as its own Register an active Florida registration.)	tered Agent's Signature: red Agent. You must designate an individual or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Regi any cannot serve as its own Registe an active Florida registration.) eet address of the registered agent a	tered Agent's Signature: red Agent. You must designate an individual or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Regi any cannot serve as its own Register an active Florida registration.)	tered Agent's Signature: red Agent. You must designate an individual or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Register any cannot serve as its own Register an active Florida registration.) eet address of the registered agent a Baba Farid Brown Name	tered Agent's Signature: red Agent. You must designate an individual or re:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Registrary cannot serve as its own Registrary an active Florida registration.) eet address of the registered agent a Baba Farid Brown Name	tered Agent's Signature: red Agent. You must designate an individual or re:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Registration and active Florida registered agent and Baba Farid Brown 15296 Spinning Wheel Ln. 3 Florida street address (P.O.	tered Agent's Signature: red Agent. You must designate an individual or re:

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

6 MAY 19 AM 10: 23

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Baba Farid Brown
WOR	15296 Spinning Wheel Ln. Spring Hill FL. 34604
 	
EV: Effective date, if other than the d	ate of filing: (OPTIONAL)
ective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will no
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not of State's records. member of an authorized representative of a member.
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exercised.	the ment the applicable statutory filing requirements, this date will not of State's records. member of an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exelled am aware that any file.	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not of State's records. member of an authorized representative of a member.
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exell am aware that any find constitutes a third degree of the state of	member of an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State as provided for in s.817.155, F.S.
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exelled am aware that any file.	member of an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State as provided for in s.817.155, F.S.