L17000 246344

(R€	equestor's Name)	
(Ac	ldress)	
(Ar	ldress)	
<i>(</i>		
(Ci	ty/State/Zip/Phone	≠ #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv



000304919550

12/01/17--01004--013 **190.00

17 DEC -1 PH 版: 59

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Brive Ehlerprises and Services 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:
Carl (Brown Sr Name of Person
Name of Person
Firm/Company
410 v. Cfory Garden Dr Apt 48
Address
Tallahassee FL 32301
City/State and Zip Code Carl C Brown 850 gmail Crm E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carl (Brow Jr at 850) 251-80/3 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Gertificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brown's Enterprises and Sorvices LLC

(Must contain 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:	Mailing Address:
TR 3927 Crowfordville Rd #BH	3927 Crawfordville Rd #1846
Tallahessee (-L 72705	TALLASSER FL 32705

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:

Name

4/0 V. Cfory barden Dr Apt 49

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

Tallahes See FL 32301

City State 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 affregistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: (ar/(Brow Jr 410 r. Chory Garden dr April) Tallalissee FL, 32301
the date of filing.)	: 0//01/2018 (OPTIONAL) d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as s records.
ARTICLE VI: Other provisions, if any.	
This document is executed in ac-	r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)