

L19000251306

Division of Corporations

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Florida Department of State  
Division of Corporations  
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CORPORATION STATE

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : GALBRAITH, PLLC  
Account Number : 120180000019  
Phone : (239)325-2300  
Fax Number : (239)325-1065

OCT 18 2019

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: APPAUL@GALBRAITH.LAW

FLORIDA LIMITED LIABILITY CO.  
BROWN COW PROPERTIES, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BROWN COW PROPERTIES, 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:

124 HAZELTINE DRIVE  
GEORGETOWN, TX 78628

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GEORGETOWN, TX 78628

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:

GALBRAITH STATUTORY AGENT, LLC  
Name

9045 STRADA STELL COURT #106  
Florida street address (P.O. Box NOT acceptable)

NAPLES                      FL.                      34109  
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 as registered agent as provided for in Chapter 605, F.S.*

\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA  
SECRETARY OF STATE

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