

L21000313521

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(Address)

(City/State/Zip/Phone #)

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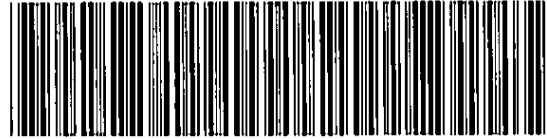
(Business Entity Name)

(Document Number)

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2021 JUL -8 PM 3:30

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SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JUL -8 PM 12:00

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**FLORIDA FILING & SEARCH SERVICES, INC.**

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**155 Office Plaza Dr Ste A Tallahassee FL 32301**

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**DATE: 7/8/2021**

**NAME: THE BROWER GROUP, LLC**

**TYPE OF FILING: ARTICLES**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** The Brower Group, 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:

Scott A. Selis, Esq.  
Name of Person

Selis Elder Law Firm  
Firm/Company

1024 N. US Highway 1  
Address

Ormond Beach, FL 32174  
City/State and Zip Code

sjjrussell@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judith Rhodes at ( 386 ) 256-1480  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**  
New Filing Section  
Division of Corporations

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Brower Group, 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:

1024 N. US HIGHWAY 1  
ORMOND BEACH, FL 32174

Mailing Address:

1024 N. US HIGHWAY 1  
ORMOND BEACH, FL 32174

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:

SUSAN J. RUSSELL

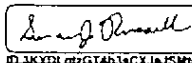
Name

1024 N. US HIGHWAY 1

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

<u>ORMOND BEACH</u>	<u>FL</u>	<u>32174</u>
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)

SECRET  
STATE  
TALLAHASSEE, FL

2021 JUL -8 PM 12:00

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR \_\_\_\_\_

John A. Russell  
129 Brower Avenue  
Rockville Centre, NY 11570

AMBR \_\_\_\_\_

Scott M. Russell  
327 West 10th Avenue  
Eugene, OR 97401

AMBR \_\_\_\_\_

Susan J. Russell  
427 Paynter Avenue  
Lewes, DE 19958

AMBR \_\_\_\_\_

Theresa M. Russell  
60 Upland Road  
Needham, MA 02492

AMBR \_\_\_\_\_

Patti Ann Coates  
Ocean Village, Capstan 326, 2400 S. Ocean Drive  
Fort Pierce, FL 34949

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
ID: 3KY9Lcp6T4h3aC8LgJ5M1ev

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

Susan J. Russell

Typed or printed name of signee

**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)