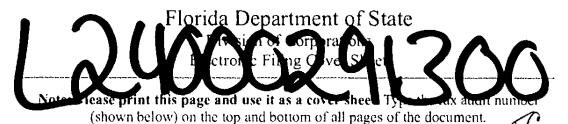
6/28/24, 4:21 PM

Division of Corporations



(((H24000223652 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6381 Fax Number

From:

Account Name : FERNANDEZ LEGAL Account Number : I2019000058 : (407)574-5009 Fax Number : (407)574-5953

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

Email Address:

admin@fernandez-legal.com

52 ល់ 2024 JUN 28

## FLORIDA LIMITED LIABILITY CO.

### The Brownstown, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H24000223652 3)))

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name

The name of the Limited Liability Company is:

THE BROWNSTOWN, LLC

#### ARTICLE II - Address

The street address of the principal office of the Limited Liability Company is:

931 N State Rd 434 Suite 1201-333 Altamonte Springs, FL 32714

The mailing address of the Limited Liability Company is:

931 N State Rd 434 Suite 1201-333 Altamonte Springs, FL 32714

## ARTICLE III - Registered Agent and Office and Registered Agent's Signature

The name and the Florida street address of the registered agent is:

Rine Moore 931 N State Rd 434 Suite 1201-333 Altamonte Springs, FL 32714

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 (1985). Florida Statutes.

The 111

(Registered Agent's Signature)
Rine Moore

1

(((H24000223652 3)))

#### President

## ARTICLE IV - Authorized Person(s)

The name and address of the person authorized to manage this Limited Liability Company is:

Title: Manager Rine Moore 931 N State Rd 434 Suite 1201-333 Altamonte Springs, FL 32714

## ARTICLE V - Effective Date

The effective date for this Limited Liability Company shall be:

June 24, 2024

The money

(Signature of a member or an authorized representative of a member)

Rine Moore

Authorized Representative of a Member

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2024 JUN 28 PM II: O