

6/28/24, 4:21 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L2400022365291300**

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To:

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

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Account Name : FERNANDEZ LEGAL
Account Number : I20190000058
Phone : (407)574-5009
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CORPORATIONS
SPECIAL SERVICES

FLORIDA LIMITED LIABILITY CO.

The Brownstown, LLC

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

2024 JUN 28 PM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - 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 689, Florida Statutes.

By:


(Registered Agent's Signature)

Rine Moore

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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



(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.

FILED

2024 JUN 28 PM 11:01

SECRETARY OF STATE
TALLAHASSEE, FL