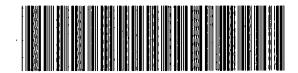
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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only



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DEPAR INFECT OF STATE NVISION OF CORPORATIONS TALLAHASSEF, FLORIDA

T JUN 15 PM 1:50

M JUN 15 PH 1:57
SECRETARY OF STATE
ALL AHASSEE, FLORID

T. CLINE

JUN 15 2011

EXAMINE

COVER LETTER

то:	Registration Section Division of Corporations			
SUB	JECT: Brown Contraction (Name of L	in ited Liability Company)		
Florid	enclosed "Application by Foreign Limited I da," Certificate of Existence, and check are ity company to transact business in Florida	submitted to register the above referen		
Pleas	e return all correspondence concerning this	s matter to the following:		
	MICHAEL A. Bro			
	(.	Name of Person)		٠
	Brown Contracting	Service S Firm/Company)	 	
	3450 Clark R			
	B430 CIME R	(Address)	SECR.	
	St Croud FL (City)	344.7.2. /State and Zip Code)	HASSAH FINAL	
For fu	orther information concerning this matter, p	• ,	OF SIM	
	Roger A. Repatien (Name of Person)	at (407) 830- 65 (Area Code & Daytime Telepho	522 one Number	.)
	MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclo	sed is a check for the following amount: \$\sum_\$125.00 \text{Filing Fee} \text{\$\sum_\$130.00 \text{Filing Fee} \text{Certificate}\$		filing Fee, Cer	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIARII TRY COMPANY TO TRANSACT REISINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wriconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-35006 (FEI number, if applicable)
4. 10/30/2005 (Date/of Organization) 5. Occupation: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 3450 Clark Road St Cloud FL 34472 34472 3450 Clark Road St Claud FL 34472 3
8. If limited liability company is a manager-managed company, check here 29. The name and usual business addresses of the managing members or managers are as follows:
MICHAEL A. Brown
3450 Clark Road
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Rogar A Rogation

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
Brown Contracting Services LLC			
If name unavailable, the alternate name to be used in the state of Florida is:			
			_
2. The name and the Florida street address of the registered agent and office are:	TAL	重	
Micheau A. Brown (Name)	CRETA		***************************************
3450 Craw Pard	NRY O	1:5 PH	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		1:5	C
Grand FL 34472 City/State/Zip	A	-	
Only Suite Lip			

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 608, Florida Statutes.

(Signature) MICHERY 4. Brown

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

LIMITED POWER OF ATTORNEY

6-13-11

We, Michael Brown and Daniel Bourbeau hereby authorize Roger Repstien to act on our behalf in all capacities necessary to register, transfer documents to establish Brown Contracting Services, LLC. with any jurisdiction or Contracting Licensing Boards etc.

Signed this 13th pay of June 13, 201

Michael Brown

Daniel Brown

SECRETARY OF STATE

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

BROWN CONTRACTING SERVICES, LLC

Formed October 31, 2005

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

15 MILLBRANCH ROAD HATTIESBURG MS 39402

and that the registered agent at that address is:

GLADDEN, JAMES W., JR.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

ARY OUT SAIL OF MISSES

Given under my hand and seal of office June 15, 2011

C. Delbert Hosemann, Jr. Secretary of State

Dellet Hosemann, dr.

Certification Number: 12500781-1 Page 1 of 1 Reference: Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp