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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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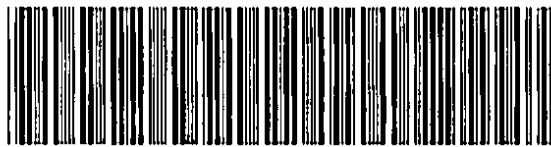
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. WARREN

JAN 26 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T BROWN CONSULTING GROUP, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

LAWANDA BROWN
Name of Person

T BROWN CONSULTING GROUP, LLC
Firm/Company

P.O. Box 15666
Address

Fernandina Beach FL 32035
City/State and Zip Code

LBROWN@TBROWNCONSULTINGGRP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAWANDA BROWN at (513) 3485044
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate
of Status & Certified Copy |
|--|---|--|---|

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. T BROWN CONSULTING Group, LLC
(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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Cincinnati Ohio 3. 20-5156519
(Jurisdiction under the law of which foreign limited liability company is organized) (LLI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 95575 Burney Rd 6. P.O. Box 15666
(Street Address of Principal Office) (Mailing Address)
Fernandina Bch, FL Fernandina Bch, FL
32034 32035

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LAWANDA BROWN
Office Address: 95575 Burney Rd
Fernandina Beach, Florida 32034
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

LAWANDA BROWN
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>Managing Mbr</u>	<u>TONY BROWN</u> <u>95575 Burney Rd</u> <u>Fernandina Bch, FL</u> <u>32034</u>	<u>Partner</u>	<u>LAWANDA BROWN</u> <u>95575 Burney Rd</u> <u>Fernandina Bch, FL</u> <u>32034</u>

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

10. 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.

Typed or printed name of signer

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show T. BROWN CONSULTING GROUP, LLC, an Ohio Limited Liability Company, Registration Number 1634200, was organized within the State of Ohio on July 7, 2006, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 14th day of February, A.D. 2017.*

Jon Husted

Ohio Secretary of State

Validation Number: 201704503888