

M25000006207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

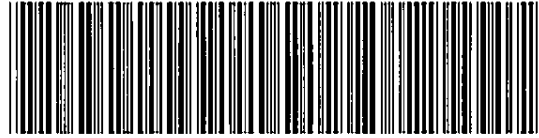
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W25-46148

Office Use Only



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RECEIVED

MAR 24 2025

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 APR 29 PM 4:26

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2025

ROBERT BROWN
2067 DOVER ZOAR RD NE
BOLIVAR, OH 44612 US

SUBJECT: MCBROWN, LLC
Ref. Number: W25000046148

We have received your document for MCBROWN, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call .

Emani D Manning
Regulatory Specialist II

Letter Number: 725A00007260

4 1 1 1

SUBJECT: McBrown, LLC

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Robert Brown

Name of Person

McBrown, LLC

Firm/Company

2067 Dover Zoar Road NE

Address

Bolivar, Ohio 44612

City/State and Zip Code

RobertB@mcbrownre.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Brown

330

323-1048

at (_____)

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee & ☐ Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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. McBrown, 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. OHIO 3. 33-1260290
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4/1/2025
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2067 Dover Zoar Rd NE 6. P.O. Box 191
(Street Address of Principal Office) (Mailing Address)
Bolivar, Ohio 44612 Bolivar, Ohio 44612

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

Name: Walter L. Morgan
Office Address: 633 S. Federal Highway, Suite 400A
Fort Lauderdale, Florida 33301
(City) (Zip code)

FILED
CLERK OF COURT
25 APR 29 PM 4:26

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.

Walter L Morgan
(Registered agent's signature)

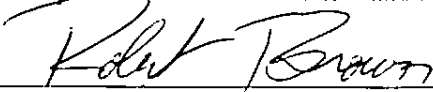
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Robert Brown	<input type="checkbox"/> Manager	Name: Jarrod Brown
<input type="checkbox"/> Member	Address: 2067 Dover Zoar RD NE	<input type="checkbox"/> Member	Address: 409 Park Avenue N
<input type="checkbox"/> Authorized	Bolivar, Ohio 44612	<input checked="" type="checkbox"/> Authorized	Bolivar, Ohio 44612
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Tasha Glutting	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	2067 Dover Zoar RD NE	<input type="checkbox"/> Authorized	
Person	Bolivar, Ohio 44612	Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

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.



Signature of an authorized person

Robert Brown

Typed or printed name of signee

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

I, Frank LaRose, 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 MCBROWN, LLC, an Ohio Limited Liability Company, Registration Number 1604553, was organized in the State of Ohio on February 27, 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 22nd day of April, A.D. 2025.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202511200562