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AL

**LIMITED LIABILITY COMPANY**

**Brave Property Management LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FAX AUDIT # H020002228219

**ARTICLES OF ORGANIZATION  
OF  
Brave Property Management LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **Brave Property Management LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: **5975 Westgate Dr. #1122, Orlando, Florida 32835.**

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: **Davis Lowery, 5975 Westgate Dr. #1122, Orlando, Florida 32835. Located in the County of Orange.**


**ARTICLE IV DURATION**

The duration for the limited liability company shall be: **12/31/2042.**

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the **Members**

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STATE OF FLORIDA  
TALLAHASSEE

  
\_\_\_\_\_  
Mark Schiff, AVP  
Business Filings Incorporated  
Authorized Representative  
Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,  
Madison, WI 53717  
(608) 827-5300

FAX AUDIT # H020002228219

FAX AUDIT # H020002228019

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

The name of the limited liability company is: **Brave Property Management LLC**

The name and address of the registered agent and office is **Davis Lowery, 5975 Westgate Dr. #1122, Orlando, Florida 32835. Located in the County of Orange.**

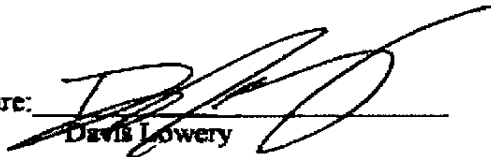
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Signature: \_\_\_\_\_



Davis Lowery

Date: November 6, 2002

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