Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000063384 3)))



121**00006338**43ABC

To:				
	Division of Corporations			2.5
	Fax Number : (850)617-6381			()
From:				(T)
	Account Name : SORSHER & ASSOCIATES,	LLC.		
	Account Number : 120170000056			
	Phone : (954)842-2931 Fax Number : (954)842-2936			;
	the email address for this business entinual report mailings. Enter only one emai	il address p	ed for future lease.**	· · · · · · · · · · · · · · · · · · ·
ar.	FLORIDA LIMITED LIABIL	ITY CO.	ed for future lease.**	• • • • • • • • • • • • • • • • • • • •
۵,	ail Address:	ITY CO.	ed for future lease.**	
۵,	FLORIDA LIMITED LIABIL BRILLIAN TOV GROUP, I	ITY CO. LLC.	lease.**	• •
۵,	FLORIDA LIMITED LIABIL BRILLIANTOV GROUP, I Certificate of Status Certified Copy	ITY CO. LLC.	lease.**	• •
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۵,	FLORIDA LIMITED LIABIL BRILLIANTOV GROUP, I Certificate of Status Certified Copy	ITY CO. LLC.	lease.**	

COVER LETTER

Division of C				
BRILLIA SUBJECT:	NTOV GROUP, LLC	·.		
	Name	of Limited Liability Company		
		(s) are submitted for filing.		
		nis mutter to the following:		
	A BRILLIANTOVA	*		
		Name of Person		
BRILLIAN	TOV GROUP,LLC.			
		Firm/Сотряпу		
1140 NW 5	6TH DRIVE, 107			
		Address		
CORAL SP	RINGS, 14L 33076		O.	√ 3
BRILLIANTO	OVGROUP@GMAIL	City/State and Zip Code	ion)	2021 FEB
		used for future annual report notificati	ion)	C3
or further information co			(n)	
	BRILLIANTOVA aı	()	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	ᇴ
Nam	e of Person	Area Code Daytime Telephon	e Number	19
Enclosed is a check for th	ic following amount:			
■\$125.00 Filing Fee		e & \$\Bigcap\$ 155.00 Filing Fee & Conffied Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	d)
New Fii Divisio P.O. Bo	z Address ling Section n of Corporations ox 6327 ssee, FL 32314	Street Address New Filing Section Di- The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssec a, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CYMDANY

MATTER SOF ORGANIZATION FOR PLORIDA	LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
BRILLIANTOV GROUP, LI.C.	
(Must contain the words "Limited Liability C	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	
Principal Office Address:	Mailing Address:
CORAL SPRINGS, FL 33076	CORAL SPRINGS, FL 33076
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	ed Agent's Signature: Agent, You must designate an individual or
The name and the Florida street address of the registered agent are:	÷

BRILLIANTOVA, KLAVDIYA
Name

Florida street address (P.O. Box NOT acceptable)

CORAL SPRINGS FL 33076

City State Zip

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 605, F.S.

1140 NW 56TH DRIVE, 107

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"i,

Title: "AMBR" Authorized Member "MGR" Manager	Name and Address:
AMBR	BRILLIANTOVA, KLAVDIYA 1140 NW 56TH DRIVE, 107 CORAL SPRINGS, FL 33076
	2:
	<u></u>
	Cn
(Use attachment if necessary) LEV: Effective date, if other than the dat flective date is listed, the date must be specified.	c of filing: (OPTIONAL) pecific and cannot be more than five business days priors and a
CLE V: Effective date, if other than the dat flective date is listed, the date must be so	ment the applicable statute of St.
CLE V: Effective date, if other than the dat flective date is listed, the date must be so of filling.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not to of State's records.
CLE V: Effective date, if other than the dat flective date is listed, the date must be s t of filling.) If the date inserted in this block does not turnent's effective date on the Department LE VI: Other provisions, if any.	ment the applicable statute of St.
CLE V: Effective date, if other than the dat flective date is listed, the date must be so of filling.) If the date inserted in this block does not dument's effective date on the Department LE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not to of State's records.
CLE V: Effective date, if other than the dat flective date is listed, the date must be see of filling.) If the date inserted in this block does not current's effective date on the Department of the VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed am aware that any false.	meet the applicable statutory filing requirements, this date will not to of State's records.
CLE V: Effective date, if other than the dat flective date is listed, the date must be s to filling.) If the date inserted in this block does not furnent's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut lam aware that any false	meet the applicable statutory filing requirements, this date will not to of State's records. **Elavdiya Brilliantova** **Ember or an authorized representative of a member. ted in accordance with section 605.023 (1) (b), Florida Statutes, a information submitted in a document to the Department of State etclony as provided for in s.817.155, F.S.