## 124000 40/052

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , , , , ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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2024 SEP 17 AN 9:47

DZ4 SEP 17 AH II:





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:09/1	7/2024	(850) 202-1882
Name: Ch	eyanne Davis	
Reference #:	2498732	
	GEN BRAN	DON LLC
✓ Articles of In	corporation/Authorization to Ti	
Amendment		
☐ Change of A	gent	ASS P
Reinstateme	ent	
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☐ Merger		
☐ Dissolution/	Withdrawal	
☐ Fictitious Na	me	
Other		<u></u>
Authorized Amount	\$125.00	_
Signature: Char	ianno L. Davia	



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P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

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(850) 202-1882

Date: 09/1	17/2024	(850) 202-1882
Name:C	heyanne Davis	
Reference #:		
	GEN BRAN	NDON LLC
✓ Articles of	Incorporation/Authorization to T	
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Reinstaten	nent	MM 9: 47 S.LE. FL
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☐ Fictitious N	lame	
Other		
Authorized Amou	nt: <b>\$125.00</b>	_
Signature:	Orayun Edva-	

## **COVER LETTER**

TO:	New Filing Division of	Section Corporations				
SUBJ	ECT:		RANDO			
		Name of Lin	nited Liabili	ty Company		
The er	nclosed Article	s of Organization and fee(s) an	e submitted	for filing.		
Please	return all corre	espondence concerning this ma	atter to the f	ollowing:		
			Name of	Person		
			Firm/Co	mpany		
						BZ# SER
		-	Addr	ess		HASSEE HASSEE
		C	City/State an	d Zip Code		- F. F.
		E-mail address: (to be used	for future a	nnual report notificati	on)	
For furt	her information	n concerning this matter, please	e call:			
		at (		)		
	ì	Name of Person A	rea Code	Daytime Telephon	e Number	
Enclos	sed is a check t	for the following amount:				
\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	00 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filin Certificate of Certified Co (additional cop	f Status &
		ailing Address		Street Address		
	Di	w Filing Section vision of Corporations		New Filing Section Division of Corporati	ons	
		O. Box 6327 Ilahassee, FL 32314		Clifton Building 2661 Executive Center	er Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	GEN BRA	ANDON LLC			
(Must cor	tain the words "Limited Liabi	lity Company, "L.L.	C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal office	of the Limited Liabi	lity Company is:		
Princi	pal Office Address:		Mailing Address:		
ARTICLE III - Registered Article Limited Liability Compar	y cannot serve as its own Regi	CE		2021	
CERRI ARTICLE III - Registered A	gent, Registered Office, & Registered Office, & Registered Office, & Registered as its own Registered agent address of the registered agent	egistered Agent's S stered Agent. You n	ignature: nust designate an individual or	2024 SEP 17	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Office, & Registered Office, & Registered Office, & Registered as its own Registered agent address of the registered agent	egistered Agent's S stered Agent. You n at are:	ignature: nust designate an individual or		
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Office, & Resy cannot serve as its own Registered Plorida registration.)  t address of the registered agenth COGENO	egistered Agent's S stered Agent. You n at are:	ignature: nust designate an individual or		
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Office, & Resy cannot serve as its own Registered Plorida registration.)  t address of the registered agenth COGENO	egistered Agent's Sistered Agent. You not are:  CY GLOBAL IN: The street, Sistered, Si	ignature: must designate an individual or C.		
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Office, & Registered Office, & Registered Office, & Registered Serve as its own Registration.)  t address of the registered agenth COGENO National North Ca	egistered Agent's Sistered Agent. You not are:  CY GLOBAL IN: The street, Sistered, Si	ignature: must designate an individual or C.	17	

(CONTINUED)

Destiny Zelaya

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	OFN DECTALIDANT COMPANIES LLC
MGR	GEN RESTAURANT COMPANIES LLC 11480 SOUTH ST #205
	CERRITOS CA 90703
<del></del>	
<del></del>	
	<u> </u>
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) the date inserted in this block does not m	of filing: (OPTIONAL) The ciffic and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date of the certification of the date is listed, the date must be specifilling.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.	of filing: (OPTIONAL) (OPTIO
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