

Division of Corporations

**L01000019931**

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

**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.

(((H01000115407 8)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : PARCORP SERVICES, LTD.  
Account Number : 119990061011  
Phone : (877)603-7683  
Fax Number : (771)276-4538

**AL****LIMITED LIABILITY COMPANY****PELEBRA LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 19

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 19 AM 9:21

RECEIVED

Fax Audit No. (((H01000115407 8 )))  
STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF  
**PELEBRA LLC**

Pursuant to s. 608.407, Florida Statutes.

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**PELEBRA LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**5300 N. W. 33RD AVE., STE. 119, FORT LAUDERDALE, FL 33309**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name of the Florida street address of the registered agent are:

**ALFONSO M. ANGRISANO**

Name

**5300 N.W. 33RD AVE., STE. 119**

Florida street address (P.O. Box **NOT** ACCEPTABLE)

**FORT LAUDERDALE, FL 33309**

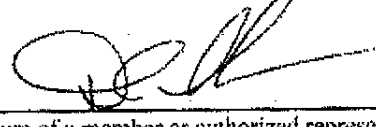
City, State and Zip

*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 608, F.S.*

  
Registered Agent's Signature

**ARTICLE IV - Management (Check Box if Applicable.)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

  
Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**David L. Surina**

Typed or Printed name of signee

**Prenarer Info:**

Parcorp Services, Ltd. / David L. Surina  
931 W. 75th Street, Ste. 137-317, Naperville, IL 60565 (800) 603-2533

Fax Audit No. (((H01000115407 8 )))

01 NOV 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fax Audit No. (((H 01000115407 8 )))

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**PELEBRA LLC**

2. The name and Florida street address of the registered agent are.

**ALFONSO M. ANGRISANO**

Name

**5300 N.W. 33RD AVE., STE. 119**

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

**FORT LAUDERDALE, FL 33309**

City, State and 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 608, F.S.*

Registered Agent **ALFONSO M. ANGRISANO**

Fax Audit No. (((H 01000115407 8 )))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 19