

# LO1000022255

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)205-0383

**From:**

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

## LIMITED LIABILITY COMPANY

### BRACHO MULTISERVICES L.L.C.

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Bracho Mutiservices L.L.C.

**ARTICLE II – Address:**

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

9915 W. Okeechobee Rd. Ste 5202  
Hialeah Gardens, Florida 33016

**ARTICLES III- Duration:**

The period of duration for the Limited Liability Company shall be:

Perpetual

**ARTICLES IV – Management:**

(Check the appropriate box and complete the statement)

XX The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(s) of such manager(s) who is/are to serve as managers(s) is/are:

Morela Josefina Vivas  
Hecmar Ilusion Rondon Bracho  
Margarita Leonor Bracho Ochoa

9915 W. Okeechobee Rd., Ste 5202  
Hialeah Gardens, Florida 33016

**ARTICLE V – Admission of additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Determined by a majority of the voting members.

Prepared by: Ruiz & Co., P.A.  
1665 West 68<sup>th</sup> Street, Ste# 206  
Hialeah, Florida 33014  
(305) 828-1277

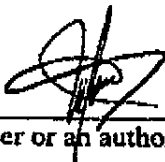
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**ARTICLE VI – Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of the member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Determined by a majority of the voting members.

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\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

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

**Morela Josefina Vivas**

\_\_\_\_\_  
Type or printed name of signee

**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: Bracho Multiservices L.L.C.
2. The name and the Florida Street address of the registered agent is:


Morela Josefina Vivas  
9915 W. Okeechobee Rd., Ste 5202  
Hialeah Gardens, Florida 33016

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*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.*

  
\_\_\_\_\_  
Signature