

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0461

From:

Account Name : PARCORP SERVICES, LTD.
Account Number : 113990000011
Phone : (877) 803-2333
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AL

LIMITED LIABILITY COMPANY

GOLLEV-BRA LLC

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

Fax Audit No. (((H01000123354 2)))

STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF
GOLLEV-BRA LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

GOLLEV-BRA LLC

ARTICLE II - Address:

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

5300 NW 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:

LUIS E. VICENTINI

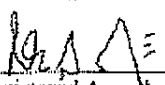
Name

5300 NW 33RD AVE., STE. 119Florida street address (P.O. Box **NOT** ACCEPTABLE)**FORT LAUDERDALE, FL 33309**

City, State and Zip

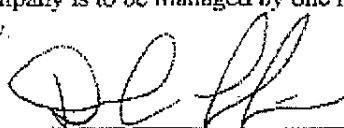
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TALLAHASSEE, FLORIDA
01 DEC 21

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 signer

Preparer Info:

Parcorp Services, Ltd. David L. Surina

9301 NW 35th Street, Suite 1375, Ft. Lauderdale, FL 33309 // P (800) 398-0461

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**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:

GOLLEV-BRA LLC

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

LUIS E. VICENTINI

Name

5300 NW 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 **LUIS E. VICENTINI**

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