

Florida Department of State
Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850) 205-0383

From:
 Account Name : JOSEPH A. TROIANO, ESQ., PA
 Account Number : I20050000018
 Phone : (239) 482-3998
 Fax Number : (239) 466-2866

2006 DEC 19 AM 8:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BRATTA GROUP, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
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Electronic Filing Menu

Corporate Filing Menu

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EFFECTIVE DATE

12-15-06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRATTA GROUP, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH A. TROIANO, ESQ

(Name of Person)

JOSEPH A. TROIANO, ESQ., P.A.

(Firm/Company)

12800 UNIVERSITY DRIVE, SUITE 380

(Address)

FORT MYERS, FLORIDA 33907

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH A. TROIANO

(Name of Person)

at (239)

482-3998

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA



December 15, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JOSEPH A. TROIANO

SUBJECT: BRATTA GROUP, LLC
REF: W06000053952

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document SpecialistFAX Aud. #: H06000294844
Letter Number: 306A000712812006 DEC 19 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RECEIVED
06 DEC 19 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRATTA GROUP, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

15934 CUTTER COURT, FORT MYERS, FL 33908

Mailing Address:

15934 CUTTER COURT, FORT MYERS, FL 33908

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOSEPH A TROIANO, ESQ

Name

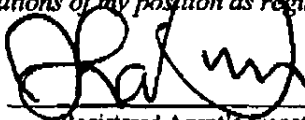
12800 UNIVERSITY DRIVE

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

FORT MYERS, FL 33907

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's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JOSEPH A TROIANO, ESQ

12800 UNIVERSITY DRIVE STE 380

FORT MYERS, FL 33907

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/15/2006 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an 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.)

JOSEPH A TROIANO, ESQ

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)