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A. LUNT
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EXAMINER

COVER LETTER

TO:

Registration Section

Division of Cor	porations				
_{subject:} Bravo	Trust Management	t, LLC			
	(Name of Limited	l Liability Com	pany)		-
The enclosed Articles of	Organization and fee(s) are su	ıbmitted for fili	ng.		
Please return all correspo	ondence concerning this matte	r to the following	ng:		
Karl J. Sch	umer, Esq.			·	
	(1	Name of Person)			
Karl J. Sch	numer, P.A.				
	(Firm/Company)			
18851 NE	29 Avenue, Suite	700			
		(Address)		4	
Aventura,	FL 33180			2008 I SECR	-
	(City)	State and Zip Co	de)	ETA HAS	7
For further information of	concerning this matter, please	call:		-4 P VRY OF S SSEE, FI	
Karl J. Schume	r, Esq.	at (305	, 466-1475		O
(Name	of Person)	(Area Co	ode & Daytime Telep	phone Number	_
Enclosed is a check for	r the following amount:				
▼\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fil Certified C (additional co		\$160.00 Filing Certificate of St Certified Copy (additional copy is	tatus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Divisio Clifton 2661 E	Courier Address ation Section on of Corporations Building executive Center Ciassee, FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Bravo Trust Management, LLC		
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	ncipal office of the Limited Liability Company is:	
	•	
Principal Office Address:	Mailing Address:	
18851 NE 29 Avenue, Suite 700	18851 NE 29 Avenue, Suite 700	
Aventura, FL 3318	Aventura, FL 33180	
ARTICLE III - Registered Agent, Registered	Office. & Registered Agent's Signature:	
(The Limited Liability Company cannot serve as its own Registe	red Agent. You must designate an independing or amother	
business entity with an active Florida registration.)	-u SSE	
The name and the Florida street address of the re	gistered agent are:	
Korl I Cohumor D A		
Name	TATE	
18851 NE 29 Avenue	Suite 70	
	ess (P.O. Box NOT acceptable)	
Aventura, FL 33180	· ·	
City, State, an	FL nd Zip	
	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as	
naonny company at the place designated in th	is conficult, a northly accept the appointment as	

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)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR — Managing Memoer	Bravo Trust Company, LLC 18851 NE 29 AVENUE, SUITE 700 AVENTURA, FL 33180 AVENTURA, FL 33180 AVENTURA SECRETARY OF THE SE
	TORNO 4: D 8
(Use attachment if necessary)	
ICLE V: Effective date, if other than t	the date of filing: 02/01/2008 . (OPTIONAL)
	t be specific and cannot be more than five business days p

Signature of a member of 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.)

Karl J. Schumer

Typed or printed name of signee

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)