## L10000033909

(Requestor's Name)				
(Address)				
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•				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
·				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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C. LEWIS

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EXAMINER

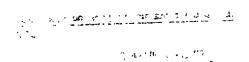
## COVER LETTER

TO: \* Registration Section

Division of C	orporations		
SUBJECT: BRAVC	KITCHEN AND CLOS	ET	
		ted Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
RAUL BRAV	0		
NAUL BRAV	<u> </u>	Name of Person	
		Traine of Ferson	
		Firm/Company	
3791 SW 88	PLACE		
	<del> </del>	Address	
MIAMI, FL 33	3165		
	·	ty/State and Zip Code	
raulbravo30@	hotmail.com		
		for future annual report notification)	
For further information	concerning this matter, pleas	e call:	
RAUL BRAVO	. :	at ( 305 ) 728 9547	
Name	of Person " 5	Area Code & Daytime Tele	ephone Number
	ν		
Enclosed is a check f	or 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	Street/Courier Address Registration Section	

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

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



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
BRAVO KITCHEN AND CLOSET, LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3791 SW 88 PLACE MIAMI, FL 33165	3791 SW 88 PLACE MIAMI, FL 33165
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration RAUL BRAVO	ared Agent. You must designate an individual or another
Name	mg 3
3791 SW 88 PLACE	Tes .
	ress (P.O. Box NOT acceptable)
MIAMI	FL 33165 le, and Zip
City, Sta	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all aformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
(CONTI	NUED)

Page 1 of 2

FILED

ARTICLE IV- Manager(s) or M		2010 HAR 25 AM 10: 51
Title:  "MGR" = Manager  "MGRM" = Managing Member	anager or Managing Member is as fo	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGR	RAUL BRAVO	
	3791 SW 88 PLACE MIAMI, FL	33165
(Use attachment if necessary)		
CLE V: Effective date, if other than effective date is listed, the date mu 00 days after the date of filing.)  REQUIRED SIGNATURE:	n the date of filing:	. (OPTIONAL) han five business days prior
Signature of a m	ember of an authorized representative o	f a member
(In accordance wi	ith section 608.408(3), Florida Statutes, the constitutes an affirmation under the penalti	execution
that the facts state	ed herein are true.)	

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)