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SECRETARY OF STATE
ARELAHASSEE, FLORIB

T. CLINE

APR - 6 2010

EXAMINER

COVER LETTER

SUBJECT: BRAVO		ed Liability Company	
•	Nume of Emile	ou Blushing Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	ter to the following:	
WALTER E	DIAZ		
		Name of Person	
BRAVO LUX	CURY LLC		1. B
		Firm/Company	ECC.
10700 SW 1	08 AVE SUITE C 409		2010 APR -E SECRETA TALLAHAS
		Address	RY C
MIAMI FL 33	176		S PA I:
	Cit	y/State and Zip Code	FATE PRINT
•	E-mail address: (to be used	for future annual report notification)	7
For further information	n concerning this matter, please	e call:	
WALTER E DIAZ		at (786) 487-5246	
	e of Person	Area Code & Daytime Tele	phone 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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	:	
BRAVO LUXURY LLC		
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	rincipal office of the Limited Liabilit	ty Company is:
Principal Office Address:	Mailing Address:	201
10700 SW 108 AVE SUITE C 409	10700 SW 108 AVE SUITE C 409	
MIAMI FL 33176	MIAMI FL 33176	2010 APR -5 SECHETAR
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the interest of the server of the serve	stered Agent. You must designate an individual o	mature:
WALTER E DIAZ		
Name		
10700 SW 108 AVE SUIT Florida street ad	TE C 409 dress (P.O. Box <u>NOT</u> acceptable)	
MIAMI FL 33176	FL ate, and Zip	
City, St	ate, and Lip	

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

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	Name and Address:		
"MGRM" = Managing Member			
MGR	WALTER E DIAZ		
	10700 SW 108 AVE SUITE C 409	<u> </u>	
	MIAMI FL 33176		
MGR	IVAN L BRAVO		
	10700 SW 108 AVE SUITE C 409		
	MIAMI FL 33176		
MGR	JORGE VIMOS	2010 APR SECRET TALLAH	-T1
	10700 SW 108 AVE SUITE C 409	72 7	1 C
	MIAMI FL 33176	APR J	9
		SSE 5	17
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		FLONIE FLONIE	
(Use attachment if necessary)		OF J	
RTICLE V: Effective date, if other than	the data of 61ing, 04/02/2010	(ODTIONIAL)	
	t be specific and cannot be more than fiv	(OPTIONAL)	\
or 90 days after the date of filing.)	t be specific and cannot be more than hy	e business days pric	JΓ
or 30 days after the date of fining.)	•		
REQUIRED SIGNATURE:			
	- CO		
Simple	nber or an authorized representative of a mem	<u> </u>	

WALTER E DIAZ Typed or printed name of signee

Filing Fees:

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

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury