

# **L10000117073**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

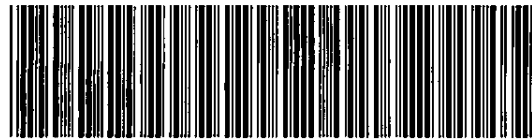
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**500187484395**

EFFECTIVE DATE  
**11/2/2010**

11/09/10--01026--011 \*\*160.00

FILED  
10 NOV -9 AM 11:59  
THE CLERK OF THE COURT  
THE CLERK OF THE COURT

K. SALLY  
EXAMINER  
NOV 10 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRAINBRO 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:

FREDERIC V BLANCHARD

Name of Person

C/O KVB PARTNERS INC

Firm/Company

60 BROAD STREET SUITE 3502

Address

NEW YORK, NY 10004

City/State and Zip Code

RECEPTION@KVBPARTNERS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FREDERIC V BLANCHARD

Name of Person

at ( 646 ) 346.0470

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**BRAINBRO LLC**

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

EFFECTIVE DATE  
11/2/2010

**ARTICLE II - Address:**

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

**Principal Office Address:**

3625 N COUNTRY CLUB DR. SUITE 2108  
AVENTURA, FL 33180

**Mailing Address:**

C/O KVB PARTNERS INC  
60 BROAD STREET SUITE 3502  
NEW YORK NY 10004

**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:

**PARACORP INCORPORATED**

Name

**236 East 6th Avenue**

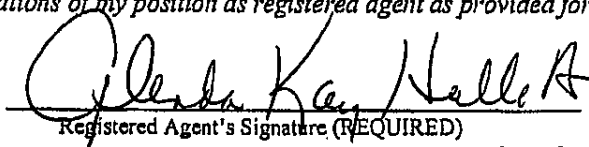
Florida street address (P.O. Box **NOT** acceptable)

**Tallahassee, FL 32303**

City, State, and Zip

FILED  
10 NOV -9 AM 11:59  
TALLAHASSEE, FLORIDA

*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)

Glenda Kay Hallett  
Assistant Secretary

(CONTINUED)

= PARACORP INCORPORATED

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

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

Title: Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

PRESIDENT

CEDRIC LEVASSEUR

SECRETARY

CEDRIC LEVASSEUR

VICE PRESIDENT

JESSY BALLOT


TRESURER

JESSY BALLOT

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: NOVEMBER 2ND 2010 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

FREDERIC V BLANCHARD (Accountant)

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)