Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019
Phone: (305)552-5973

Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. BRAZURI, LLC

NOV -9 PH & 19 CRETARY OF STATE LAHASSEE, FLORIDA

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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SECRETARY OF STATES
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Electronic Filing Menu

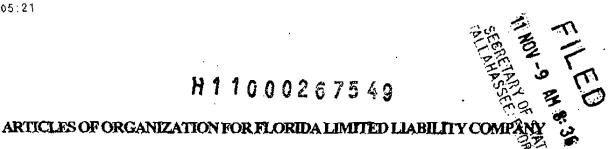
Corporate Filing Menu

Help J. BRYAN

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EXAMINER PM

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ARTICLE I - Name:

The name of the Limited Liability Company is:

BRAZURI, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1500 RUE PALERME APT 511

BROSSARD, QC CANADA J4W 3M6

4580 NW 114 TH AVE; UNIT 1210

DORAL, FL 33178

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:

LUIS ROSALES

5931 NW 173 DR UNIT 9

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

MIAMI

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)

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H11000267549

<u>l'it</u> le <u>:</u>	Name and Address:
MGR" ≈ Manager	
'MGRM" = Managing Member	
AGRIM	MARCO BRAVO
	4580 NW 114 TH AVE; UNIT 1210
•	DORAL, FL 33178
MGRM .	EDGAR RICO
	4580 NW 114 TH AVE; UNIT 1210
	DORAL, FL 33178
MGRM	OMAR ZULUAGA
	4580 NW 114 TH AVE; UNIT 1210
	DORAL, FL 33178
Use attachment if necessary)	
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LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTION to specific and cannot be more than five business date of an authorized representative of a member.
LE V: Effective date, if other than to fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mention of the decordance with section of the date.	be specific and cannot be more than five business da

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)

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