

L1400 0154565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

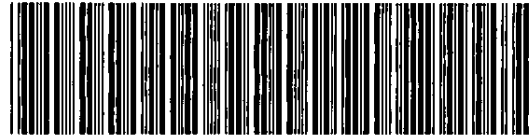
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600263706476

09/02/14--01056--019 \*\*130.00

FILED  
14 OCT -3 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

179  
3571



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2014

THOMAS FOSTER  
2018 WILSON ST  
HOLLYWOOD, FL 33020

SUBJECT: BRO CADE EMPIRE ENTERTAINMENT, LLC  
Ref. Number: W14000054870

We have received your document for BRO CADE EMPIRE ENTERTAINMENT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the complete name of the mgrm listed as carlton.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 514A00019173

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRO CADE EMPIRE ENTERTAINMENT, 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:

2018 WILSON STREET  
HOLLYWOOD FL 33020

Mailing Address:

2018 WILSON STREET  
HOLLYWOOD FL 33020

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:

THOMAS FOSTER

Name

2018 WILSON STREET

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

HOLLYWOOD

City

FL 33020

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 605, F.S.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
14 OCT - 3 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

MGRM

Name and Address:

THOMAS FOSTER

2018 WILSON STREET

HOLLYWOOD FL 33020

CARLTON IMBRAHAMA

2018 WILSON STREET

HOLLYWOOD FL 33020

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.

REQUIRED SIGNATURE:

  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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

constitutes a third degree felony as provided for in s.817.155, F.S.)

Thomas Foster

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)

14 OCT -3 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED