Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Tax Number

: (850)617-6383

From:

Account Name : ACENTS AND CORPORATIONS, INC

Account Number : 120010000112 Phone : (302)575-0875 Fax Number : (302)575-1642

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Braziliant Cleaning Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Braziliant Cleaning Services 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:

1151 N FORT LAUDERDALE BEACH BLVD.

FORT LAUDERDALE, FL 33304

Mailing Address:

1151 N FORT LAUDERDALE BEACH BLVD.

137

FORT LAUDERDALE, FL 33304

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:

AGENTS AND CORPORATIONS, INC.

300 FIFTH AVENUE SOUTH SUITE 101-330 Florida street address (P.O. Box NOT acceptable)

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.

Agents and Corporations, Inc.

Registered Agent's Signature (Required)

John L. Williams, President

(CONTINUED)

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Title: "AMBR" = Authorized Memb" "MGR" = Manager	Name and Address:
MGR	RENEE RIBEIRO 1151 N FORT LAUDERDALE BEACH BLVD. B7 FORT LAUDERDAUE, FL 33304
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EV: Effective date, if other that fective date is listed, the date mu of filing.)	
EV: Effective date, if other tha fective date is listed, the date mu of filing.)	n the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days a
LE V: Effective date, if other that fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any	
LE V: Effective date, if other that fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any	e of a member or an authorized representative of a member, section 605.0203 (1) (b), Florida Statutes, the execution of this document ration under the penalties of perjury that the facts stated herein are true, false information submitted in a document to the Department of State