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15 APR 24 PH 5: 3 SECRETARY OF STATE

S. YOUNG

COVER LETTER

	egistration Section vision of Corporations	
SUBJECT	: Bravo Zu Name of Lin	IU APPS LLC nited Liability Company
The enclose	ed Articles of Organization and fee(s) ar	re submitted for filing.
Please retur	rn all correspondence concerning this m	atter to the following:
	Alexander A	Name of Person
	Bravo Zulu	Apps LLC Firm/Company
	6570 Roya	Address
	Bravo Zulo Apps @ E-mail address (to be use	Sity/State and Zip Code Ogma: 1. Com Sor future annual report notification)
For further	information concerning this matter, plea	
Alexan	Name of Person	626
Enclosed is ✓ \$125.00 Fi	is a check for the following amount: ling Fee \$\Bigsis \frac{1}{3}0.00\$ Filing Fee &	□\$155.00 Filing Fee & □\$160.00 Filing Fee, 등 ¬¬
·	Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed) (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

The name of the Limited Liability Company is:
Brave Zulu Apps LLC (Must end with the words "Linkited 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: 6570 Royal Palm Blud Suite J-304 Margate FL 33063 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company)
(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:
Alexander Albuerne Name 6570 Royal Palm Blud Suite J-504 Florida street address (P.O. Box NOT acceptable) Margate FL 33063 City 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 Registered Agent's Signature (REQUIRED)
(CONTINUED)
APR 24 I APR 24 I APR 24 I APR 25 I APR 26 I APR

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Alexander Albuerne.
Aribis	Margete FL 33063
04 < 0	11 1 11
MGR	GS70 Royal Palm Blue Suite S
	Margare FC 33063
EV: Effective date, if other than the continued date is listed, the date must be	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
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ARTICLE IV-