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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

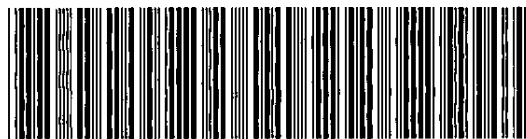
(Business Entity Name)

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AUG 07 2015

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Brave Tree, LLC

Signature _____

Requested by: SETH

08/07/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
☒ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
☒ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

ARTICLES OF ORGANIZATION FOR

Brave Tree, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **Brave Tree, LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **4045 Sheridan Avenue, Suite 225, Miami Beach, FL 33140**

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ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Neal L. Sandberg, Esq. Simon, Schindler & Sandberg LLP, 2650 Biscayne Boulevard, Miami, FL 33137**

ARTICLE IV: AUTHORIZED MEMBERS

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

Peter Hamilton, Authorized Member, 4045 Sheridan Avenue, Suite 225, Miami Beach, FL 33140

The undersigned has executed these Articles of Organization for filing purposes this 7th day of August 2015.

"Your Capital Connection, Inc. by, Seth Neeley, Client Representative"



Authorized Representative

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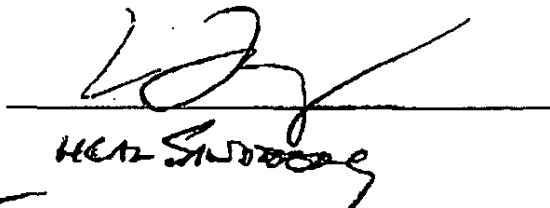
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the company is: Brave Tree, LLC

2. The name and address of the registered agent and office is:

Neal L. Sandberg, Esq.
Simon, Schindler & Sandberg LLP
2650 Biscayne Boulevard
Miami, FL 33137

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 of Registered Agent

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