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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	Ì
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Office Use Only



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SECRETARY OF STATE STATE ANASSEE FLORIDA





TO: Registration Section
Division of Corporations

SUBJECT: Bravely LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robby Gravley
Name of Person

Firm/Company

20304 Black Tree Ln.
Address

Estero FL 33928

City/State and Zip Code

Bravely I I mited a gmail com

For further information concerning this matter, please call:

Lucas Brader at (614) 579.0700

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

,	3		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	
			(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVEL AND FILED

ARTICLE I - Name	AR'	TICI	ĿΙ	- Na	ıme:
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The name of the Limited Liability Company is:

15 SEP 18 AM 8: 41

Bravely LLC SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
20304 Black Tree Ln	20304 Black Tree Ln.
Estero, FL 33928	Estero, FL: 33928

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:

Robby Gravley
Name

20304 Black Tree Ln.

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

Estero Florida 33928

City State 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..

(CONTINUED)

stered Agent's Signature (REQUIRED)

Page 1 of 2



•ARTICLE IV-		
• ARTICLE IV- The name and address of each person au	thorized to manage and control the L	imited Liability Company:
Title:	Name and Address:	10 0E1 10 AM 8: 41
"AMBR" = Authorized Member	THE AND FRONT SS.	SECRETARY OF DEATH
"MGR" = Manager		SECRETARY OF STATE PALLAHASSEE FLORIDA
AMRR	Robby Grayb	CIX
	20304 Blac	k Tree Ln.
	Estero, FL	. 33928
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AMBR	Stephanie (Gravicu
	20304 B) ac	
	tstero, FL. 33	928
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(Use attachment if necessary)		
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TICLE V: Effective date, if other than the date	of filing: 9114115	(OPTIONAL)
an effective date is listed, the date must be sp	ecific and cannot be more than five	
date of filing.)		
te: If the date inserted in this block does not r		quirements, this date will not be listed a
document's effective date on the Department	of State's records.	
TICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
SIGNATURE.	_) ~	
Signature of a me	ember or an authorized-representa	tive of a member.
	ted in accordance with section 605.02	
I am aware that any false	e information submitted in a documer e felony as provided for in s.817.155.	in to the Department of State
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<u>Kobbu</u>	Typed or printed name of signee	
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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)