

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160000064693)))



H160000084893ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694

Fax Number

: (305)633-9696

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

Email Address:

FLORIDA LIMITED LIABILITY CO. BRITMAR MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

104923

Electronic Filing Menu

Corporate Filing Menu

Help

https://cfile.sunbiz.org/scripts/cfilcovr.exe

9696889908

50E 60:T0 9T0Z/80/T0

F8\10 3049

AZUSADO



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
BritMar Management, 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:	Mailing Address:
3202 Alhembra Circle	3202 Alhambra Circle
Coral Gables, FL 33134	Coral Gables, FL 33134

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 Fiorida street address of the registered agent are:

Howard L. Kuker		
	Name	
9200 S. Dadeland Bi	lvd., Suite 508	
Florida street addres	s (P.O. Box <u>NOT</u> ac	occptable)
Miemi	FL	33156
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 cartificate. 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)

Page 1 of 2

<u>Titler</u> "AMBR" = A	uthorized Member	Name and Address:	
"MGR" = Ma	រានខ្លួក		
MGR	-	Maria Bradley	
		3202 Alhambra Circle Coral Gables, FL 33134	
		Coral Gables, P.C 33134	
	 -		
			
effective date is l to of filing.)		ific and cannot be more than five business days prior to or 90 days	
effective date is to of filling.) If the date inser soument's effecti	e date, if other than the date o listed, the date must be spec- ted in this block does not me we date on the Department of	ific and cannot be more than five business days prior to or 90 days set the applicable statutory filing requirements, this date will not be lis	
effective date is to of filling.) If the date inser- coument's effecti	e date, if other than the date of listed, the date must be spected in this block does not me ve date on the Department of rovisions, if any.	ific and cannot be more than five business days prior to or 90 days set the applicable statutory filing requirements, this date will not be lis	
effective date is to of filling.) If the date inser- nument's effective CLE VI: Other p.	e date, if other than the date of listed, the date must be spected in this block does not me ve date on the Department of rovisions, if any.	ific and cannot be more than five business days prior to or 90 days bet the applicable statutory filing requirements, this date will not be list State's records.	
effective date is to of filling.) If the date inser- oument's effection CLE VI: Other p.	e date, if other than the date of listed, the date must be spected in this block does not me ve date on the Department of rovisions, if any. SIGNATURE:	ific and cannot be more than five business days prior to or 90 days set the applicable statutory filing requirements, this date will not be list State's records.	
effective date is to of filling.) If the date inser- oument's effection CLE VI: Other p.	e date, if other than the date of listed, the date must be spected in this block does not me ve date on the Department of rovisions, if any. SIGNATURE:	effic and cannot be more than five business days prior to or 90 days set the applicable statutory filing requirements, this date will not be list State's records.	
effective date is to of filling.) If the date inser- oument's effection CLE VI: Other p.	e date, if other than the date of listed, the date must be spected in this block does not me ve date on the Department of rovisions, if any. Signature of a men This document is execute.	effic and cannot be more than five business days prior to or 90 days bet the applicable statutory filing requirements, this date will not be list State's records. State's records. Sher or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Plorids Statutes.	
effective date is to of filling.) If the date inser- oument's effection CLE VI: Other p.	e date, if other than the date of listed, the date must be spected in this block does not me ve date on the Department of rovisions, if any. Signature of a men This document is execute I am aware that any false:	effic and cannot be more than five business days prior to or 90 days set the applicable statutory filing requirements, this date will not be list State's records.	
effective date is to of filling.) If the date inser- oument's effection CLE VI: Other p.	e date, if other than the date of listed, the date must be spected in this block does not me ve date on the Department of rovisions, if any. Signature of a men This document is execute I am aware that any false:	set the applicable statutory filing requirements, this date will not be list State's records. State's records. Share's records.	ated as
effective date is to of filling.) If the date inser- oument's effection CLE VI: Other p.	e date, if other than the date of listed, the date must be spected in this block does not me ve date on the Department of rovisions, if any. Signature of a men This document is executed a may are that any false is constituted a third dogree.	affic and cannot be more than five business days prior to or 90 days bet the applicable statutory filing requirements, this date will not be list State's records. A paper or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Plorida Statutes. In formation submitted in a document to the Department of State	eted as
effective date is ate of filling.) If the date inser- comment's effective ICLE VI; Other p.	e date, if other than the date of listed, the date must be spected in this block does not me ve date on the Department of rovisions, if any. Signature of a men This document is executed a may are that any false is constituted a third dogree.	set the applicable statutory filing requirements, this date will not be list State's records. State's records. State's records. Aber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Plorida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	e bole
effective date is to of filling.) If the date inser- bournent's effecti CLE VI; Other p	e date, if other than the date of listed, the date must be spected in this block does not me ve date on the Department of rovisions, if any. Signature of a men This document is execute I am aware that any false is constitutes a third degree Howard L, Kuker	set the applicable statutory filing requirements, this date will not be list State's records. State's records. Share's records.	

Page 2 of 2