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FEB 02 2016 T SCHROEDER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 975441 8081532
AUTHORIZATION: Spulsele na.
COST LIMIT : \$125,00
ORDER DATE : January 28, 2016
ORDER TIME : 11:53 AM
ORDER NO. : 975441-005
CUSTOMER NO: 8081532
DOMESTIC FILING
NAME: BRACEY MANAGEMENT LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Melissa Zender - EXT. 62956
EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bracy Management Name of Limited Lability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mario Bracy Name of Person	
Brack Management	
- 9786 ISles Cay Drive	
Delray Beach, FL 33446 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MAND Bracy at (561) 523-3137 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ed)
Mailing Address New Filing Section New Filing Section New Filing Section	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: 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: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee, FL 32301 Zip City State

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..

By:

Registered Agent's Signature (REQUIRED)

Registered Agent's Signature (REQUIRED)

Asst. Vice President

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MACIO BRACY-AMBR	9786 Isles Cay Dr Deleay Boh, Fl 33498	
	STATE ORDA	
(Use attachment if necessary)		
ective date is listed, the date must be speci of filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days a at the applicable statutory filing requirements, this date will not be list State's records.	
REOUIRED SIGNATURE:		
This document is executed	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State	

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of States (Only)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee