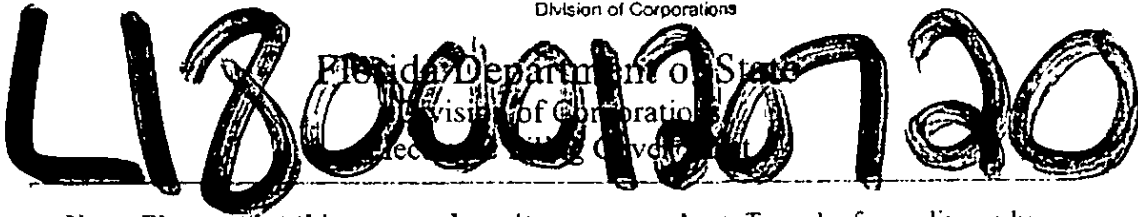


5/15/2018

Division of Corporations



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.

(((H18000150660 3)))



H180001506603ABC.

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Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

FLORIDA LIMITED LIABILITY CO.**Brokers 4 Life LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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FAX AUDIT # **H18000150660 3**

**ARTICLES OF ORGANIZATION
OF
Brokers 4 Life LLC**

ARTICLE I NAME

The name of the limited liability company is: Brokers 4 Life LLC


ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be:
3252 Hawks Nest Dr, Kissimmee, Florida 34741-7521.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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: _____
Mark Williams, A.V.P. Business Filings Incorporated

Date: April 27, 2018

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the names and addresses of the members of the Limited Liability Company are:

Adrian Magraner, 3252 Hawks Nest Dr, Kissimmee, Florida 34741-7521

Sonally Magraner, 3252 Hawks Nest Dr, Kissimmee, Florida 34741-7521


FAX AUDIT # **H18000150660 3**

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ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.


Adrian Magruder, Organizer

Date: 5/9/18

Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

FAX AUDIT # H180001506603