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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Enail	Address:	

## FLORIDA LIMITED LIABILITY CO.

305 Concepts BRK Merger, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	<b>\$155.00</b>

19 AUG 30 AM 8: 46

Electronic Filing Menu

Corporate Filing Menu

Help

 $\mathcal{Z}_{\Lambda_1}$ 

A LIMITED LIABILITY COMPANY
Company, "L.L.C.," or "LLC.")
he Limited Liability Company is:
Mailing Address:
Miami, FL 33127
stered Agent's Signature: red Agent. You must designate on individual or re:

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation, Florida 33324

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 provisious 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..

Olga Hinkel - VP

Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 AUG 30 AM 8:

"AMBR" = Authorized Member "MGR" = Manager  MGR  305 Concepts Holdings, LLC 250 NW 23rd Street #312  Miami, FL 33127  (Use attachment if necessary)  (LEV: Effective date, if other than the date of filing:  (OPTIONAL)  If the date instruct in this block does not need the applicable statutory filing requirements, this date will not be coment's effective date on the Department of Smte's records.  CLEVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of member of an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 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.  John Nadinfi  Typed or printed name of signee  Filling Feet:  S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	Title:		Name and Address:		
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