

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H19000370250 3)))



H190003702503ABC

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

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

Resubmitting

RECEIVED

2020 JAN -3 PM 4:26

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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.

BRAVO HEALTHCARE HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

JAN 06 2020

1:30 PM

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2020 JAN -3 PM 11:39

FILED



January 3, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

M. BURR KEIM COMPANY

SUBJECT: BRAVO HEALTHCARE HOLDINGS LLC
REF: W20000000269

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Name in article 1 and name on cover letter not matching.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H19000370250
Letter Number: 120A00000116

(((H19000370250 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bravo Healthcare Holdings LLC

(Must contain 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:8140 McCormick Blvd. Suite 141
Skokie, IL 60076**Mailing Address:**8140 McCormick Blvd. Suite 141
Skokie, IL 60076**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:

W. Bradley Munroe, Esquire
Name239 E. Virginia StreetFlorida street address (P.O. Box **NOT** acceptable)

<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
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.

W. Bradley Munroe
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 JAN -3 PM 11:39

FILED

(((H19000370250 3)))

(((H19000370250 3)))

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**TESR Holdings LLC6640 N. Christiana AvenueLincolnwood, IL 60712AMBRTrumbull Estates LLC6416 N. TrumbullLincolnwood, IL 60712AMBRCentral Park Holdings LLC7257 N. Lincoln AveLincolnwood, IL 60712MGRBarak Kohn6447 N. Drake AveLincolnwood, IL 60712

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**
Signature of a member or 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.Barak Kohn, Organizer

Typed or printed name of signer

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)

(((H19000370250 3)))