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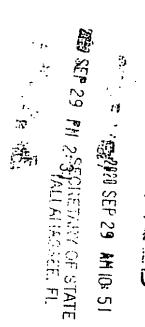
|                     | (Requestor's Name)       |           |
|---------------------|--------------------------|-----------|
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|                     | (Address)                |           |
| $\bigcap$           | (City/State/Zip/Phone #) |           |
| PICK-               | P WAIT                   | MAIL MAIL |
|                     | (Business Entity Name)   |           |
|                     |                          |           |
|                     | (Document Number)        | _         |
| Certified Copies    | Certificates of          | Status    |
| Special Instruction | ns to Filing Officer:    |           |
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## **COVER LETTER**

| TO:              | New Filing Section<br>Division of Corpor |   |                |  |   |
|------------------|--|---|----------------|--|---|
| SUBJEC           | BRACKISH O                               | ROUP LLC                                    |                |  |   |
| SUBJEC           | · · · · · · · · · · · · · · · · · · ·    | Name of                                     | Limited Liab   | ility Company  | <del></del>   |
| The encl         | osed Articles of Org                     | anization and fee(s                         | ) are submitte | d for filing.  |   |
| Please re        | turn all corresponde                     | nce concerning this                         | matter to the  | following:   |   |
|                  | GABRIEL MAF                              | RTIN  |                |  |   |
|                  |  |   | Name o         | f Person   |   |
|                  |  |   |                |  |   |
|                  |  |   | Firm/C         | ompany   |   |
|                  | 850 NE SPANIS                            | SH RIVER BLVD A                             | APT 36         |  |   |
|                  |  |   | Add            | ress   |   |
|                  | BOCA RATON.                              | FL 33431                                    |                |  |   |
|                  | JOSEPH@TAXE                              | MPEROR.COM                                  | City/State a   | nd Zip Code  |   |
|                  | ·  |   | sed for future | annual report notificati   | on)   |
| For further      | information concer                       | ning this matter, ple                       | ease call:     |  |   |
|                  | GABRIEL MAR                              |   | 305<br>(       | 632-2228   |   |
|                  | Name of                                  |   | `              | Daytime Telephon   | e Number  |
| Enclosed         | is a check for the fo                    | llowing amount:                             |                |  |   |
| <b>≡</b> \$125.0 | 00 Filing Fee G                          | \$130.00 Filing Fee<br>ertificate of Status | Certif         | 55.00 Filing Fee & ied Copy nal copy is enclosed)  | ☐\$160.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                  | P.O. Box 6                               | Section<br>Corporations                     |                | Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Center |   |

Tallahassee, FL 32301

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2920 SEP 29 AM ID: 51

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

| BRACKISH | CROTTO I | $\Gamma \subset$ |
|----------|----------|------------------|
| DIVIOUS  | CINCOLL  |                  |

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

| ARTICLE II - A The mailing addre      | ddress:<br>ess and street address of the principal off   | ice of the Limited Li    | ability Company is:                               |
|---------------------------------------|--|--------------------------|---|
|                                       | Principal Office Address:  |                          | Mailing Address:                                  |
|                                       | E SPANISH RIVER BLVD APT 36<br>A RATON, FLORIDA 33431  |                          | SPANISH RIVER BLVD APT 36<br>RATON, FLORIDA 33431 |
| (The Limited Liab<br>another business | Registered Agent, Registered Office, & bility Company cannot serve as its own Rentity with an active Florida registration.  Florida street address of the registered a | (egistered Agent, You    | s Signature:<br>u must designate an individual or |
|                                       | GABRIEL MARTIN   |                          |   |
|                                       |  | Name                     |   |
|                                       | 850 NE SPANISH RIV   | VER BLVD APT 36          |   |
|                                       | Florida street address (   | P.O. Box <u>NOT</u> acce | ptable)   |
|                                       | BOCA RATON   | FLORIDA                  | 33431   |
|                                       | 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..

Gabriel Martin
Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

| GABRIEL MARTIN   |  |
|--|--|
| 850 NE SPANISH RIVER BLVD APT 36   |  |
| BOCA RATON, FLORIDA 33431  |  |
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| ific and cannot be more than five business days prior to or 90 det the applicable statutory filing requirements, this date will not be State's records.  State's records.  State's manufacture of a member. If in accordance with section 605,0203 (1) (b), Florida Statutes   | -  |
| ific and cannot be more than five business days prior to or 90 det the applicable statutory filing requirements, this date will not be State's records.  State's records.  State's records.  State or an authorized representative of a member. In accordance with section 605.0203 (1) (b). Florida Statutes. Information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State in the Department of Sta | -  |
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|  | BOCA RATON, FLORIDA 33431  STATE AND ADDRESS OF THE |

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)