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Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
BRAVOS MULTISERVICES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2020 NOV 24 PM 2:10

JAC  
11/25/20

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

Bravos Multiservices, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

15330 NW 30<sup>th</sup> Ct  
Miami Gardens, FL 33054

**Mailing Address:**

15330 NW 30<sup>th</sup> Ct  
Miami Gardens, FL 33054

**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:

Abel Bravo Victores

Name

15330 NW 30<sup>th</sup> Ct

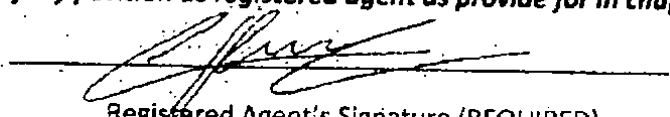
Florida Street address (P.O. Box **NOT** acceptable)

Miami FL 33054

City State Zip

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*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 provide for in chapter 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV -**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Abel Bravo Victores

15330 NW 30<sup>th</sup> Ct

Miami Gardens, FL 33054

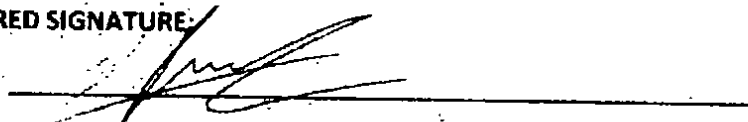
(Use attachment if necessary)

**ARTICLE VI: Other provisions, if any**

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**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.