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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
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Certified Copies Certificates of Statu	ı¢
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Special Instructions to Filing Officer:	

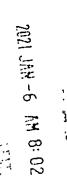
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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				UCC 11 Retrieval
			P	Courier

COVER LETTER

	iew Filing Sec Division of Co				
SUBJECT		nvestments, LLC			
SOBJECT	··	Name	of Limited Liab	ility Company	
The enclos	sed Articles of	Organization and fee	(s) are submitte	ed for filing.	
Please rett	urn all correspo	ondence concerning the	nis matter to the	e following:	
	Valeria Varţ	gas			
			Name	of Person	
	Gonzalez &	Rodriguez, PL			
			Firm/C	Company	
	1550 Madru	ga Avenue, Suite 110)		
			Ad	dress	
	Coral Gable	s, FL 33146			
	realestate@gr	r-law.net	City/State	and Zip Code	
			used for future	annual report notificat	tion)
For further	information co	ncerning this matter,	please call:		
	Valeria Varg		305 at (461-4880	
	Nam	e of Person	Area Code	Daytime Telephor	ne Number
Enclosed i	is a check for t	he following amount:			
	0 Filing Fee	□\$130.00 Filing I Certificate of State	Fee & □\$1 us Cent	155.00 Filing Fee & ified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
		iling Section		New Filing Section D The Centre of Tallah	
		on of Corporations Sox 6327		2415 N. Monroe Stre	
		assee, FL 32314		Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Brihouse Investments, LLC	
(Must contain the words "Limited Liability Co	ompany, "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:	Mailing Address:
2150 NW 45 Avenue, Coconut Creek, FL	2150 NW 45 Avenue, Coconut Creek, FL
33066	33066
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	red Agent's Signature: I Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

Nelson Briceño		
	Name	
2150 NW 45th Aven	nue	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
Coconut Creek	FL	33066
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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

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

"AMBR" = Aut "MGR" = Mana MGR	ithorized Member		
MGR	iagei		
	Nelson Briceño		
	2150 NW 45th Avenue		
	Coconut Creek, FL, 33066		
<u>MGR</u>	Sonia Marin de Briceño		
	2150 NW 45th Avenue Coconut Creek, FL, 33066		
	Coconul Creek, PL, 33066		
			
			
(Use attachmen	nt if necessary)		
neffective date is lis ate of filing.) :: If the date inserte	date, if other than the date of filing: 1/04/2020 (OPTIO sted, the date must be specific and cannot be more than five business days pred in this block does not meet the applicable statutory filing requirements, this can date on the Department of State's records.	ior to or 90 c	•
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