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(Davidada Fatira Noma)
(Business Entity Name)
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SECRETAKY OF STATE
STAIL ANALOSSEE, FL

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Incorporating Services, Ltd.

incserv^o

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

FROM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

Melissa Moreau mmoreau@incserv.com 850.656.7953

DEA	UEST DATE	7/4/20034
KPII		
	VEY! DOIL!	1/1/4/44

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 931676

ORDER ENTITY_

BROKERAGE OPPORTUNITY FUND, LLC

850-245-6051

PLEASE PERFORM THE FOLLOWING SERVICES: BROKERAGE OPPORTUNITY FUND, LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: april@rmontgomery-law.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, July 1, 2021 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RT	C1	F	I - Name	٠

The name of the Limited Liability Company is:

2021 JUL - 1 PH 12: 58 SECRETARY OF STATE

Brokerage Opportunity Fund, 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:	Mailing Address:
7901 4TH ST N STE 300	7901 4TH ST N STE 300
ST. PETERSBURG, FLORIDA 33702	ST, PETERSBURG, FLORIDA 33702

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:

REGISTERED AGENT	TS INC.	
ì	Name	
7901 4TH ST N STE 3	00	_
Florida street address (P.O. Box <u>NOT</u> ac	cceptable)
ST. PETERSBURG	FL	33702
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)

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
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(Use attachment if necessary)			
RTICLE V: Effective date, if other than the date of filing:	(OPTIONAL)		
f an effective date is listed, the date must be specific and	cannot be more than five business days prior to or 90 day	ys after	
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Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

April V. Francia, Esquire; Authorized Representative

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)