Division of Corporations Electronic Filing Cover Sheet

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			Division of Co	rporations			
			Fax Number	: (850)617-6381	7 . 9		
		From:			#35 #35	202	
\subset	20	25. 25.	Account Name Account Number Phone	: LAZARUS CORPORATE FILING SERVICE, INC. : 120000000019 : (305)552-5973		2021 AUG	
	÷	: :	Fax Number	: (305)675-5944	HA:	7	Parent Grante
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FLORIDA LIMITED LIABILITY CO. BRAGAR SUPPLY LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	I COMPANY
The name of the Tri	₩ ~
The name of the Limited Liability Company is:	SEC 5021
KRAGAR 5	
BRAGAR SUPPLY LLC	
ARTICLET	D
The mailing add-	Sc P III
Company is:	m _{co} =
The mailing address and street address of the principal of Company is:	office of the Limited Lin 1997
1000	
- 1023 SW 1444 Are Penhana	<u>~</u>
1023 SW 1948 Are Penbroke	I. 1a
	41ks FC 33027
ARTICIEM	
ARTICLE III - Registered Agent, Registered Office:	
Company comme and the Florida street address of the	
The name and the Florida street address of the registered Company cannot serve as its own Registered Agent. You must designate an individual with an active Florida registration.)	agent are: The limited to the
Company cannot serve as its own Registered Agent. You must designate an individual with an active Florida registration.)	l or another business entire
A .	
Tarnicia Alexandra Gonez	
S-MG CIONES	
1023 SW 1494 Ave Penbroke	^
THE JEHRIOK	Pillor II -
	£2053
ARTICLE IV	
The name of 1421	
The name and title of each person authorized to manage an Liability Company: (MGR or AMBR)	,
Liability Company: (MGR or AMBR)	d control the Limited
- •	·
HECTOR Eduvado AZCARATE E	
7761672	TTEdgut (AMAR)
Patricia Alexadia Gomes	TTEdgu? (AMBR)
SILICIS HIGHNOUS GONGS	
Δ Δ	(AMBR)
Mariles Autorio Gossi II	^
Aquiles Autonio Gercie Mosg	veda (AMBR)
	(LIFIOIL)
	,

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated lerein are true. 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.

Typed or printed name of signee

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

Registered Agent's Signature (REQUIRED)