Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000355823 3)))



H210003558233ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973 : (305)675-5944

Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please \*\*

Email	Address:	
	•	

# FLORIDA LIMITED LIABILITY CO. **BRASAN MANAGEMENT LLC**

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

Electronic Filing Menu

Corporate Filing Menu

DocuSign Envelope ID: 488B431F-686E-43E0-94F5-8E7B97E994AA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

#### BRASAN MANAGEMENT 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:

430 Grand Bay Drive, Apt. 806 Key Biscayne, FL 33149

430 Grand Bay Drive, Apt. 806 Key Biscayne, FL 33149

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:

Perez Abello Law PLLC

Name

1390 S. Dixie Hwy, Suite 1309

Florida street address (P.O. Box NOT acceptable)

Coral Gables

FL

33146

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)

CUCI SEP 22 PM 9: 29

DocuSign Envelope ID: 488B431F-686E-43E0-94F5-8E7B97E994AA

ARTICLE IV-

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>M</u> GR	Alexis Braun 430 Grand Bay Drive, Apt. 806 Key Biscayne, FL 33149
EV: Effective date, if other than the dat ective date is listed, the date must be s	c of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the date extive date is listed, the date must be sport filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 di
E V: Effective date, if other than the date extive date is listed, the date must be suffilling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be tof State's records.
EVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a m  This document is executed an aware that any false.	meet the applicable statutory filing requirements, this date will not be to of State's records.  Signed by:  ASSTADT-1420 ember or an authorized representative of a member.  atted in accordance with section 605.0203 (1) (b), Florida Statutes.  The information submitted in a document to the Department of State.
E V: Effective date, if other than the date extive date is listed, the date must be spliffilling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a management of a management of a management is executed an aware that any false.	meet the applicable statutory filing requirements, this date will not be to of State's records.  Signed by:  ASSTADT 1-220  ember or an authorized representative of a member.  atted in accordance with section 605.0203 (1) (b), Florida Statutes.  ie information submitted in a document to the Department of State.
E V: Effective date, if other than the date extive date is listed, the date must be spot filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a many This document is executed a many fals constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be to of State's records.  Squared by:  Astroprezo ember or an authorized representative of a member. atted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date extive date is listed, the date must be soft filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a many This document is executed an aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be to of State's records.  Squared by:  Astropy-220, ember of an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date extive date is listed, the date must be soft filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  Signature of a the This document is executed a warre that any false constitutes a third degree.  Alexis Braun	meet the applicable statutory filing requirements, this date will not be tof State's records.  Signed by:  According 200 an authorized representative of a member. and in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.  Typed or printed name of signee
EV: Effective date, if other than the date extive date is listed, the date must be so filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  Signature of a the This document is executed a may aware that any false constitutes a third degree.  Alexis Braun	meet the applicable statutory filing requirements, this date will not be to of State's records.  Squared by:  Astropy-220, ember of an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.