

L22000028486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

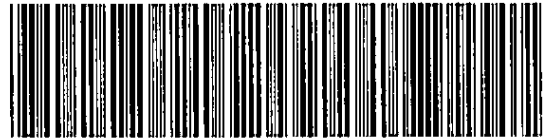
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600376731536

01/03/22--01031--007 \*\*125.00

2022 JAN 25 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Bragenix, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Flaviano Gomes Macedo  
Name of Person

Bragenix, LLC  
Firm/Company

1 Keswick A  
Address

DEER FIELD BEACH, FL 33442  
City/State and Zip Code

flaviano89@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carla P. Ghipsman at ( 954 ) 825-7809  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2022

FLAVIANO GOMES MACEDO  
1 KESWICK A  
DEERFIELD BEACH, FL 33442

SUBJECT: BRAGENIX, LLC.  
Ref. Number: W22000002251

We have received your document for BRAGENIX, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 122A00000596

**Flaviano Macedo**

Bragenix, Corp.  
821 Lyons Road #21-104  
Coconut Creek, FL 33063  
Cell: 786-792-1693  
Email: [Flaviano89@outlook.com](mailto:Flaviano89@outlook.com)

**January 13, 2022**

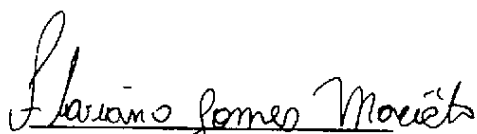
**Florida Dept. of State | Division of Corporations**

c/o Neysa Culligan  
Regulatory Specialist III  
PO Box 6327  
Tallahassee, FL 32314

**Dear Florida Dept. of State | Division of Corporations:**

In response to your letter date January 8, 2022, I would like to confirm that I have no intention of revoking the dissolution of Bragenix, Corp., document# P20000079169 and therefore release the name for use to another entity.

Sincerely,

  
**Flaviano Macedo**

RECEIVED

2022 JAN 25 AM 10:22

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 JAN 25 PM 4: 48

SECRETARY OF STATE  
TALLAHASSEE, FL

Bragenix, 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:

1 KESWICK A  
DEERFIELD BEACH, FL 33442

1 KESWICK A  
DEERFIELD BEACH, FL 33442

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.)

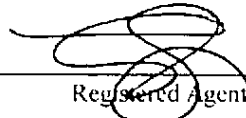
The name and the Florida street address of the registered agent are:

Carla P. Ghipsmann  
Name

1 KESWICK A  
Florida street address (P.O. Box ~~NOT~~ acceptable)

DEERFIELD BEACH, FL, 33442  
City State Zip

*I 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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Flaviano Gomes Macedo

1 KESWICK A

DEERFIELD BEACH, FL 33442

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JAN 25 PM 4:48

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

Flaviano Gomes Macedo

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.

Flaviano Gomes Macedo

Typed or printed name of signee

**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)