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.

(((H22000108110 3)))



H220001081103ABCP

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

: (855)498-5500

Phone

Fax Number

: (800)432-3622

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

::: Email Address:

FLORIDA LIMITED LIABILITY CO. THILLA BROCHA LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

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H22000108110

COVER LETTER

TO:	New Filing Sec Division of Cor						
SUBJE		ROCHA LLC					
GOBGE		Name of Lir	nited Liab	ility Company			
The en	closed Articles of	Organization and fee(s) ar	e submitte	ed for filing.			
Please	return all correspo	ondence concerning this m	atter to the	following:			
	Elissa S Ves	sal					
			Name o	of Person			
	Elissa S Ves	sal, Esquire PA				7775	2022
			Firm/C	Company		三三	ΜA
	1880 N. Con	igress Ave Suite 200				ASS	79
							ω
			Add	iress		77	7
	Boynton Bea	ach, Fl 33426				1M18	S Šě
	<u></u>		City/State a	and Zip Code		7,	င်း
	Elissa@Esvla						
	ı	E-mail address: (to be used	l for future	annual report notificati	ion)		
For furth	ner information co	ncerning this matter, pleas	e call:				
	Elissa Vessal	5 at (61	214-4648			
	Nam	e of Person A	rca Code	Daytime Telephon	e Number		
Enclos	ed is a check for t	he following amount:					
□\$12	5.00 Filing Fee	≡\$130.00 Filing Fee & Certificate of Status	Certi	55.00 Filing Fee & fied Copy onal copy is enclosed)	☐\$160.00 Fit Certificate of Certified Cop (additional copy	Status &	ed)
	New F Division P.O. B	eg Address illing Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Der The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	assee et, Suite 810		

another business entity with an active Florida registration.)

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

Elissa S Vessal, Esquire PA

H22000108110 ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: THILLA BROCHA 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: Mailing Address: Principal Office Address: 9949 Cobblestone Creek Dr 9949 Cobblestone Creek Dr Boynton Beach, Fl 33472 Boynton Beach, Fl 33472 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

Name

1880 N. Congress Ave Suite 200

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

Boynton Beach, Fl 33426
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..

Elissa S Vessal	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

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ARTICLE IV-

H22000108110

<u>Title:</u>	Name and Address:
"AMBR" = Authorized N	ember
"MGR" = Manager	
AMBR	Matthew Liebowitz
	9949 Cobblestone Creck Dr
	Boynton Beach, Fl 33472
	<u> </u>
<u>AMBR</u>	Judy Greenlinger > 9949 Cobblestone Creek Dr
	Boynton Beach, Fl 33472
	Boymon Bogon, 1755-72
	•••
	<u> </u>
EV: Effective date, if other is the confidence of the confidence of filling.)	cr than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior to or 90
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