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Division of Corporations

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: (850)617-6381

From:

Account Name : JSD & COMPANY PA

Account Number : I20190000114

: 120190000114 : (786)286-2705

Phone Fax Number

: (305)901-6024

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Email Address: ALEJANDRA.VIMOSD@GMAIL.COM

SECRETARY OF STATE

# FLORIDA LIMITED LIABILITY CO. BROWSIFIED LLC

Certificate of Status	11	B. CHATHAM
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# H220001240963

# **ARTICLES OF ORGANIZATION** OF **BROWSIFIED LLC**

The undersigned, as a member or an authorized representative of a member of the Company pursuant to Chapter 605, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named:

**BROWSIFIED LLC.** 

### ARTICLE I. NAME

The name of the Limited Liability Company shall be **BROWSIFIED LLC** 

# **ARTICLE II.**

The mailing address and street address of the principal office of the Limited Liability Company shall be: 7941 NW 19TH AVE Miami, FL 33147

**ADDRESS** 

## **ARTICLE III. EFFECTIVE DAY**

The effective day for this Limited Liability company shall be 04/04/2022.

#### H220001240963

# ARTICLE IV.

The period of duration for the Limited Liability Company shall be perpetual.

# ARTICLE V. PURPOSE OF ORGANIZATION

The Limited Liability Company is organized for the purpose of engaging in any and all other acts or purpose permitted under Section 605 of the Florida Statutes 1993, as amended from time to time, and for any and all other applicable or governing laws of the State Of Florida, except as any of the foregoing acts and/or purposes may be otherwise barred or restricted by laws.

# ARTICLE VI.

#### **MANAGEMENT**

This Limited Liability shall be managed by One Manager and the name and address of the Manager is:

Title: AMBR

MARIA A. First name VIMOS DELGADO

Last name

7941 NW 19<sup>TH</sup> Ave Miami, FL 33147



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To: SUNBIZ Corporation filings Fax: (850) 617-6381

#### **ARTICLE VII.**

#### **ADMISSION OF NEW MEMBERS**

Unless otherwise herein specified, no new Members shalt be admitted to the Limited Liability Company during the period of its existence. New Members may be admitted pursuant to a vote of not less than 100% of the trail existing ownership interest each Member has in the Limited Liability Company. No individual Member and/or managing Member of the Limited Liability Company shall ever have the power to terminate or grant membership to any person.

#### **ARTICLE VIII.**

### CONTINUATION AFTER INVOLUNTARY TERMINATION

In the event of termination of the Limited Liability Company due to death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of Limited Liability Company provided that 100% of the ownership interest then remaining shall have to do so in writing.

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 605, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Limited Liability Company is:

BROWSIFIED LLC 7941 NW 19<sup>TH</sup> Ave Miami, FL 33147

2. The name and address of the registered agent and office is:

MARIA A. VIMOS DELGADO 7941 NW 19<sup>TH</sup> Ave Miami, FL 33147

Having been named as registered agent and to accept service of process for the above stated corporation 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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

WARIA A. VIMOS DELGADO-Registered Agent

State 880 State

Date: 04/04/2022