

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((H22000320453 3)))



H220003204533ABCV

**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 : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*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.  
BRUNO1702, LLC

\*\*\*PLEASE PROVIDE THE  
ORIGINAL  
SUBMISSION DATE OF  
09/15/2022\*\*\*

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

FILED  
22 SEP 15 PM 12:35  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

22 SEP 16 PM 4:51

850-817-8381

9/16/2022 2:19:45 PM PAGE 1/001 Fax Server



September 16, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: BRUNO1702, LLC  
REF: W22000118087

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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

Dil Sultana  
Regulatory Specialist II

FAX Aud. #: H22000320453  
Letter Number: 222A00020713

FILED  
22 SEP 15 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Ronnie Long

---

**From:** faxfinder@capitol-services.com  
**Sent:** Thursday, September 15, 2022 4:19 PM  
**To:** Ronnie Long  
**Subject:** FaxFinder Fax Notification: Successfully sent fax to 850-617-6381  
**Attachments:** fax\_outbound\_850-617-6381\_20220915\_151920\_0000626F-0000.pdf

Create Time: 09/15/2022 03:07:31 PM  
Schedule Time: 09/15/2022 03:19:20 PM  
State: sent  
Schedule Message: Successfully sent fax  
Hangup code: 0  
Try #: 1  
Username: admin  
Sender name: Ronnie Long  
Sender email: rlong@capitol-services.com  
Sender phone: 855-498-5500  
Sender fax: 800-432-3622  
Sender org: Capitol Services, Inc.  
Subject: H22000320453 3  
Max tries: 5  
Try interval: 600  
Priority: 3  
Pages: 5  
Recipient fax: 850-617-6381  
Recipient phone:  
Recipient name:  
Recipient org: FL SOS  
Use cover page: true  
Receipt: always  
Print receipt: never  
Print receipt printer:  
Print receipt first page: false  
Fax Page Size: auto

\*\*\*PLEASE PROVIDE THE ORIGINAL  
SUBMISSION DATE OF 09/15/2022\*\*\*

FILED  
22 SEP 15 PM 12:35  
STONIS FAY, CLERK  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Bruno1702, 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:

Joseph Suchyta, Esq.

Name of Person

The Law Office of Joseph Suchyta, PA

Firm/Company

1420 NE Miami Place, #2911

Address

Miami, FL 33132

City/State and Zip Code

mhbroker1027@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Suchyta

561

439-5830

Name of Person

at ( )

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

22 SEP 15 PM 12:35  
FILED  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bruno1702, 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:**2003 N. Ocean Blvd., Apt 1702  
Boca Raton, FL 33431**Mailing Address:**2003 N. Ocean Blvd., Apt 1702  
Boca Raton, FL 33431**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:

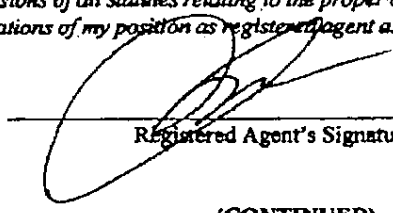
The Law Office of Joseph Suchyta, PA  
Name1420 NE Miami Place, #2911Florida street address (P.O. Box **NOT** acceptable)Miami, FL 33132

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)

FILED  
22 SEP 15 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**MGRFrank Bruno  
2003 N. Ocean Blvd., Apt 1702  
Boca Raton, FL 33431

---

---

---

---

---

---

(Use attachment if necessary)

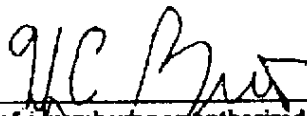
**ARTICLE V:** Effective date, if other than the date of filing: 9/13/2022 (OPTIONAL)

(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:**

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.Frank Bruno

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)

FILED  
22 SEP 15 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA