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(Red	_l uestor's Name)	
(Add	iress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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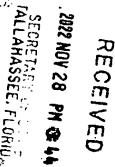
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S. CHATHAM NOV 29 2022

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COVER LETTER

TO:	New Filing Sec Division of Cor					
SUBJE	BROOO L	LC				
30331		Nan	ne of Limite	ed Liabilit	y Company	
The end	closed Articles of	Organization and	fee(s) are s	ubmitted	for filing.	
Please	return all correspo	ondence concernin	g this matte	er to the fi	ollowing:	
	MARTIN E	DELLOCA				
		··		Name of l	Person	
	MDELL CO	NSULTING COF	₹ P			
		<u></u>		Firm/Cor	npany	
	848 BRICK	ELL AVE STE 11	130			
				Addre	SS	
	MIAMI, FL,	33131				
	MDELLOCA	@MDELLCONS	_		Zip Code	
					nual report notificati	on)
For furth	er information co	ncerning this matte	er, please c	all:		
	MARTIN E I	DELLOCA	305 at (6073493	
	Nam	e of Person			Daytime Telephon	e Number
Enclose	ed is a check for t	he following amou	int:			
■\$12:	5.00 Filing Fee	□\$130.00 Filin Certificate of S	tatus	Certific	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address Tiling Section			Street Address New Filing Section Di	vision

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624	
Please use funds from this account: 12021000 Authorization Signature:	0160 Amount: \$\ 125.
Business	Document #
BROOD LLC Walk in Pick up time	
Mail out	Will wait
Photocopy	
Certified Copy of Articles of Organization	
Certificate of Status	
NEW FILINGS Profit Not for Profit Limited Liability Domestication LLLP CORP	AMMENDMENTS AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionAFFIDAVID BY FOREIGN CORP.
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Statement of Partnership Reinstatement
APOSTIL Country	Other

EXAMINER'S INITIALS:_____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BROOO LLC (Must con	tain the words "Limited	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	address of the principal o	ffice of the Limited Liability Company is:		
<u>Princi</u>	oal Office Address:	Mailing Add	ress:	
848 BRICKELL AV STE 1130	<u>/E</u>	848 BRICKELL AVE STE 1130		
MIAMI, FL, 33131		MIAMI, FL, 33131	<u> </u>	
	y cannot serve as its own active Florida registratio		ndividual or 22 10 20 20 20 20 20 20 20 20 20 20 20 20 20	DIVISION OF A
	BLUEMAX PARTN	ERS CORP		າ າ. ພິ
		Name	<u>.</u>	•
	848 BRICKELL AV	E STE 1130	(C)	
	848 BRICKELL AVI	E STE 1130 s (P.O. Box <u>NOT</u> acceptable)	€2 .	
			;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
	Florida street addres	s (P.O. Box NOT acceptable)	:: · · · · · · · · · · · · · · · · · ·	

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	MIA BIZ GROUP LLC 848 BRICKELL AVE. STE 1130 MIAMI, FL, 33131
	22 ET 22 CA
 	28 - 1
(Use attachment if necessary)	
(If an effective date is listed, the date must be s the date of filing.)	specific and cannot be more than five business days prior to or 90 days after at meet the applicable statutory filing requirements, this date will not be listed and of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	mcDil'Oca
Signature of a 1	member or an authorized representative of a member.

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.

MARTIN E DELLOCA
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)