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To:

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From:

Account Name : ABALLI MILNE KALIL, P.A.

Account Number : 073123001732 Phone : (305)372-5933

Fax Number : (305)373-7929

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FLORIDA LIMITED LIABILITY CO.

BRFS Management LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
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Feb. 14, 2023 | 12:45PM | No. 0205 | F. | 2

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ARTICLES OF ORGANIZATION

OF

BRFS Management LLC a Florida Limited Liability Company

ARTICLE I NAME

The name of the limited liability company (the "company") shall be BRFS Management LLC.

ARTICLE II
ADDRESS

One SE Third Ave. Suite 2250 Miami, FL 33131

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

AMKE REGISTERED AGENTS, L.L.C. One S.E. Third Avenue, Suite 2250 Miami, Florida 33131

Having been named as registered agent 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

H23000058171 3

Arturo J. Aballi One S.E. Third Ave., Suite 2250 Miami, Florida 33131

Tel: (305) 373-5920 Florida Bar # 166383

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am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

AMKE REGISTERED AGENTS, L.L.C.

Arturo J. Aballi Manager

ARTICLE IV MANAGEMENT

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

Stanislav Orgon One SE Third Avenue Suite 2250 Miami, FL 33131 Manager

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization this 14th day of February, 2023.

By:

AMKE Registered Agents, L.L.C.

Arturo J. Aballi

Manager

Florida Bar # 166383

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Feb 14, 2023 12:51 (UTC-05)

The name of the Limited Liability Company is:

BARCELONA EVENTOS 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:	<u>Mailing Address</u> :	
O POLYNESIAN ISLE BLVD	2930 POLYNESIAN ISLE BLVD	
SIMMEE-FLORIDA 34746	KISSIMMEE-FLORIDA 34746	

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:

REAL DREAMS US	A LLC	
	Name	
6067 HOLLYWOOD	BLVD SUITE 203	7
Florida street address	s (P.O. Box <u>NOT</u> ac	cceptable)
HOLLYWOOD	FL	33024
Cîty	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.