

(((H23000157788 3)))

L23000210065

Florida Department of State
Division of Corporations
Electronic Filing Center

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.

(((H23000157788 3)))



H230001577883A5C8

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 : ORLANDO MAXTAX SOLUTION & ACCOUNTING SVC, INC
Account Number : I20200000138
Phone : (689)239-1510
Fax Number : (407)377-5785

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

Email Address: _____

RECEIVED
2023 APR 27 PM 4:16
CORPORATIONS
COMMERCIAL
FILES

**FLORIDA LIMITED LIABILITY CO.
BROWLANCE STUDIO, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 27 2023 4:18 PM

FILED

(((H23000157788 3)))

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

***BROWLANCE* STUDIO, LLC.**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address: 498 PALM SPRINGS DR. SUITE 345
ALTAMONT SPRINGS, FL 32701**

The mailing and street address of the principal office of the Limited Liability Company is:

**MAILING ADDRESS: 498 PALM SPRINGS DR. SUITE 345
ALTAMONT SPRINGS, FL 32701**

**PHYSICAL ADDRESS: 498 PALM SPRINGS DR. SUITE 345
ALTAMONT SPRINGS, FL 32701**

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:

**Orlando MaxTax Solutions & Accounting Svc, Inc
10244 E COLONIAL DR. STE 106 ORLANDO FL 32817**

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

(((H23000157788 3)))

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"AMBR" = Manager

"MGRM" = Managing Member

ANAILY RIASCOS – AMBR

RAMESH N DOOKHIE – MGRM

ARTICLE V: Effective date, if other than the date of filing: 04/20/2023

(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.



REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

ANAILYRIASCOS

Typed or printed name of signee

(((H23000157788 3)))

(((H23000157788 3)))

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.

(((H23000157788 3)))



H230001577883ABC8

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 : ORLANDO MAXTAX SOLUTION & ACCOUNTING SVC, INC
Account Number : I20200000138
Phone : (589)239-1510
Fax Number : (407)377-5785

****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.
BROWLANCE STUDIO, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

(((H23000157788 3)))

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

***BROWLANCE* STUDIO, LLC.**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address: 498 PALM SPRINGS DR. SUITE 345
ALTAMONT SPRINGS, FL 32701**

The mailing and street address of the principal office of the Limited Liability Company is:

**MAILING ADDRESS: 498 PALM SPRINGS DR. SUITE 345
ALTAMONT SPRINGS, FL 32701**

**PHYSICAL ADDRESS: 498 PALM SPRINGS DR. SUITE 345
ALTAMONT SPRINGS, FL 32701**


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:

**Orlando MaxTax Solutions & Accounting Svc, Inc
10244 E COLONIAL DR. STE 106 ORLANDO FL 32817**

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

((H23000157788 3)))

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"AMBR" = Manager

"MGRM" = Managing Member

ANAILY RIASCOS – AMBR

RAMESH N DOOKHIE – MGRM

ARTICLE V: Effective date, if other than the date of filing: 04/20/2023
(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.)



Handwritten signature of Anaily Riascos over a horizontal line.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

ANAILYRIASCOS

Typed or printed name of signee

((H23000157788 3)))