# L24000073581

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zip/Frione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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# **COVER LETTER**

	lew Filing Sec vivision of Cor			
SUBJECT		at Studio LLC		
SUBJECT	•	Name of Lim	nited Liability Company	
The enclos	sed Articles of	Organization and fee(s) are	submitted for filing.	
Please retu	ım all correspo	ondence concerning this ma	tter to the following:	
	Brian		Cortes	
			Name of Person	
			Firm/Company	
	6139 35th Ct	E		
			Address	
	Bradenton		Florida	34203
		C	ity/State and Zip Code	
		spacebrain bed	Ks@gmail.com	
		E-mail address; (to be used	for future annual report notificat	ion)
For further i	nformation co	neerning this matter, please	eall:	
	BRIA Nam	AN CORTES at (	941 ) 586 - 47 rea Code Daytime Telephon	67 ne Number
Enclosed i	s a check for t	he following amount:		
□\$125.00	) Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address iling Section	Street Address New Filing Section D	ivision

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Brain in a Vat Studio 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>Ma</u>	iling Address:
7901 4th St N		7901 4th St N	
STE 300		STE 300	
St. Petersburg	FL 33702	St. Petersburg	FL 33702

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

City

(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 a	gent are:		024 SCC
	Northwest Registered A	Agent LLC		
		Name	<u> </u>	
	7901 4th St N		STE 300	₹0.7%
	Florida street address (P.O. Box NOT acceptable)		- SEE	
	St. Petersburg	FL	33702	<u> </u>

State

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)

Zip

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(CONTINUED)

# ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
AMBR	Brian Cortes
	6139 35th Ct F Bradenton, FL 34203
	, 20 <del>-</del>
	35 00
	นักรั้ง
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
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	<del>-                                    </del>
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)