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.

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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 : EXPERTAX Account Number : I20200000010 Phone : (407)777-7470 Fax Number : (321)206-9743

\*\*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.

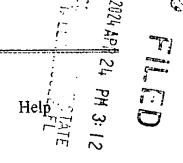
BRUGANI IMPORTS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Corporate Filing Menu



## H24000128013 3

### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: BRUGANT IMPORTS 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:
LAURA RUIZ RODRIGUEZ
Name of Person
Firm/Company
1317 EDGEWATER DR STE 3981
Address
ORLANDO, FL 32804
Citý/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LAURA RUIZ RODRIGUEZ 407 913-0917
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahussee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

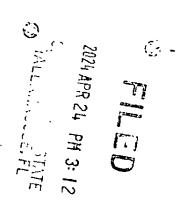
ARTICLE I - Name: The name of the Limited Liability	Company is:		
BRUGANI	IMPORTS	uc.	
(Must conat	in the words "Limited I	Liability Company, "L.L	C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	dress of the principal o	ffice of the Limited List	pility Со <del>пралу</del> is:
Principa	Office Address:		Mailing Address:
1317 EDGEWATER	DR STE 3981	131 <b>7</b> ED	GEWATER DR STE 3981
ORLANDO, FL 3280	4	ORLAN	DO, FL 32804
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ad-	cannot serve as its own ctive Florida registratio	Registered Agent. You n.)	
	LAURA RUIZ ROD	RIGUEZ .	
	<u> </u>	Name	
	1317 EDGEWATER	. DR STE 3981	
	Florida street addres	s (P.O. Box <u>NOT</u> accep	table)
	ORLANDO	FLORIDA	32804
	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)

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	LAURA RUIZ RODRIGUEZ 1317 EDGEWATER DR STE 3981 ORLANDO. FL, 32804
<del></del>	
(Use attachment if necessary)	(00710)141)
ective date is usted, the date must be of filing.) the date inserted in this block does n	date of filing:
ective date is usted, the date must be of filling.) The date inserted in this block does not ment's effective date on the Departm E V1: Other provisions, if any.	ot meet the applicable statutory filing requirements, this date will not be listed ent of State's records.
REQUIRED SIGNATURE:  Signature of a This document is ex I am aware that any is extended to the compact of the c	ot meet the applicable statutory filing requirements, this date will not be listed ent of State's records.
REQUIRED SIGNATURE:  Signature of a This document is ex I am aware that any is extended to the compact of the c	ot meet the applicable statutory filing requirements, this date will not be listed ent of State's records.  Lawre Ruft Rodriguez  member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State
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