

10/29/24, 9:57 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L24000457671

**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.

(((H24000359872 3)))



H240003598723ABC7

**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 : ELO ENTERPRISES, INC  
Account Number : I20150000109  
Phone : (561)544-8862  
Fax Number : (954)697-0130

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

Email Address: sales@eloenterprises.us

FLORIDA LIMITED LIABILITY CO.  
BRAESCOM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

2024 OCT 29 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

2024 OCT 29 PM 7:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ma

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**BRAESCOM, 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:

10470 NW 26th ST, STE A  
DORAL, FL 33172

Mailing Address:

10470 NW 26th ST, STE A  
DORAL, FL 33172

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:

**ELO ENTERPRISES, INC.**

Name

4700 NW BOCA RATON BLVD #202

Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON

FL

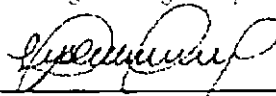
33431

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)

FILED

2024 OCT 29 PM 7:03

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" - Authorized Member	
"MGR" - Manager	
<u>MGR</u>	<u>STAYBRIDGE HOLDING CORP.</u>
	<u>4700 NW BOCA RATON BLVD #202</u>
	<u>BOCA RATON, FL 33431</u>

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

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.

STAYBRIDGE HOLDING CORP. - Manager

Typed or printed name of signer

2024 OCT 29 PM 7:03  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

FILED