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.

(((H24000412540 3)))



H240004125403ABCW

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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

\*\*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. BRATINA TECH LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

### ARTICLE I - Name:

The name of the Limited Liability Company is:

## BRATINA TECH 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:	Mailing Address:
25 NE 5TH, APT 2924	25 NE 5TH, APT 2924
MIAMI, FL, 33132	MIAMI, FL. 33132

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:

ANA BIRKENFEL	.D	
	Name	
25 NE 5TH, APT 2	924	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FLFL_	33132
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..

Ana Birkenfeld

Registered Agent's Signature (REQUIRED)

(CONTINUED)

24 DEC 16 AM 3: 29

Title: "AMBR" = Authorized Member	Same and Address:	
"MGR" = Manager	. M. DIDMDY D	
AMBR	ANA BIRKENFELD 25 NE 5TH, APT 2924	
	MIAMI. FL. 33132	,
-		
		•
		<u>-</u>
<del></del>		
	ate of filing: <u>Precember Act, 2024</u> . (OPTIONAL)	
CLE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)  If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 at meet the applicable statutory filing requirements, this date will not	•
CLE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)  If the date inserted in this block does not current's effective date on the Department of th	specific and cannot be more than five business days prior to or 90 at meet the applicable statutory filing requirements, this date will not	•
CLE V: Effective date, if other than the defective date is listed, the date must be e of filing.)  If the date inserted in this block does not current's effective date on the Department of the	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records.	•
CLE V: Effective date, if other than the defective date is listed, the date must be e of filing.)  If the date inserted in this block does not current's effective date on the Department of the	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records.	•
CLE V: Effective date, if other than the defective date is listed, the date must be e of filing.)  If the date inserted in this block does not current's effective date on the Department of the	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records.	•
CLE V: Effective date, if other than the defective date is listed, the date must be e of filing.)  If the date inserted in this block does not current's effective date on the Department.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Ann Stickeyfeld  Signature of a  This document is exeligated and aware that any factors.	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records.	•
CLE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)  If the date inserted in this block does not cument's effective date on the Department.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Ann Abrheyfeld  Signature of a This document is exe I am aware that any faconstitutes a third deg	member or an authorized representative of a member.  cuted in accordance with section 605.0203 (1) (b), Florida Statutes.  also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	-
LE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)  If the date inserted in this block does not ument's effective date on the Department. LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Ana Sirkeyfeld  Signature of a This document is exelam aware that any factors.	member or an authorized representative of a member.  cuted in accordance with section 605.0203 (1) (b), Florida Statutes.  also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	•
LE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)  If the date inserted in this block does not ument's effective date on the Department. LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Ana Strkeyfeld  Signature of a This document is exe I am aware that any faconstitutes a third degree.	member or an authorized representative of a member.  cuted in accordance with section 605.0203 (1) (b), Florida Statutes.  also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	

S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)