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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PLATINUM TAX FILING INC
Account Number : I20230000076
Phone : (305)644-9144
Fax Number : (786)477-5802 (305-489-5914)

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

Email Address: DARWIN@ASLANTAXSERVICE.COM

RECEIVED

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
BRIFLOR GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$130.00

2023 JUN 21 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRIFLOR GROUP LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DARWIN SANCHEZ

Name of Person

PLATINUM TAX FILING INC.

Firm/Company

1770 W FLAGLER ST., STE 5

Address

MIAMI, FLORIDA, 33135

City/State and Zip Code

DARWIN@ASLANTAXSERVICE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARWIN SANCHEZ

305

644-9144

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BRIFLOR GROUP LLC
(None of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

BRIFLOR GROUP LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. DELAWARE 3. 35-2795178
(Jurisdiction under the law of which foreign limited liability company is organized) (Tax ID number, if applicable)

4. MARCH 10, 2023
(Date first transacted business in Florida, if prior to registration. (See sections 605.005 & 605.0065, F.S., to determine penalty liability.)

5. 1770 W FLAGLER STREET 6. 1770 W FLAGLER STREET
(Street Address of Principal Office) (Mailing Address)

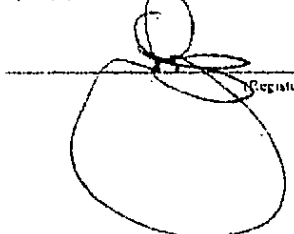
STE 5 STE 5
MIAMI, FL 33135 MIAMI, FL 33135

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ASLAN AFFILIATES LLC
 Office Address: 1770 W FLAGLER ST STE 5
MIAMI, Florida 33135
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


 (Registered agent's signature)

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 TALLAHASSEE, FL

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: BRIAN LEONEL MONTEIRO	<input type="checkbox"/> Manager	Name: FLORENCIA ROMINA BOTE
<input checked="" type="checkbox"/> Member	Address: 1770 W FLAGLER ST	<input checked="" type="checkbox"/> Member	Address: 1770 W FLAGLER ST
<input type="checkbox"/> Authorized	STE 5	<input type="checkbox"/> Authorized	STE 5
Person	MIAMI, FL 33135	Person	MIAMI, FL 33135
<input checked="" type="checkbox"/> Other AMBR	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other AMBR	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. 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.

BRIAN LEONEL MONTEIRO

Signature of an authorized person

BRIAN LEONEL MONTEIRO

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRIFLOR GROUP LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIFLOR GROUP LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7343221 8300

SR# 20232679689

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203493333

Date: 06-06-23