

L25000070173

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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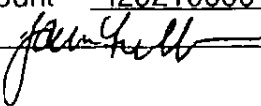
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MS

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160: \$125.00

Authorization Signature 

Brannex Real Estate, LLC

Business Name

#Document

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NEW FILINGS

 Profit

 Not for Profit

 X LLC

 Domestication

 INC

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 OTHER

AMENDMENTS

 Amendment

 Resignation of R.A.

 Change of Registered Agent

 Revocation of Dissolution-

 Conversion

 Statement of Authority

 Merger

 REVOCATION OF DISSOLUTION

OTHER FILINGS

 TRANSMITTAL LETTER

 Fictitious Name

 Statement of Authority

 APOSTIL
 COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing

 Partnership

 Reinstatement

 Statement of CORRECTION

 Domestication of a Foreign Corp.

 Other


EXAMINER'S INITIALS:

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EXAMINER'S INITIALS:

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: BRANNEX REAL ESTATE, 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:

LEEOR COHEN

Name of Person

Firm/Company

21837 REFLECTION LANE

Address

BOCA RATON, FL 33428

City/State and Zip Code

LCOHEN@MELFABCO.COM

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

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For further information concerning this matter, please call:

JOSHUA L SPOONT

305

907-7573

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRANNEX REAL ESTATE, 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:

21837 REFLECTION LANE
BOCA RATON, FL 33428

Mailing Address:

21837 REFLECTION LANE
BOCA RATON, FL 33428

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:

LEEOR COHEN

Name

21837 REFLECTION LANE

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

BOCA RATON

FL

33428

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.

DocuSigned by:

Leeor Cohen

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

LEEOR COHEN

21837 REFLECTION LANE

BOCA RATON, FL 33428

(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:

DocuSigned by:

Leeor Cohen

7E3FAME18C44118

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.

LEEOR COHEN

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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