

L22000347378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

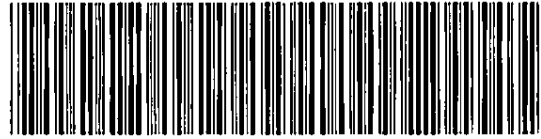
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. CHATHAM  
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2022 AUG - 9 PM 12:45

RECEIVED

22 AUG - 9 AM 7:08

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE use funds from ACCT: I20210000160 AMOUNT: \$ 125.00

Authorization Signature: *James Felth*  
Bracha Holdings 2 LLC

Business

Document #

Walk in

Pick up time

Mail out

Will wait

Photocopy

**Certified Copy (s) of Articles of Organization**

**Certificate of Status**

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP**

**AMMENDMENTS**

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion**

**OTHER FILINGS**

- Annual Report
- Fictitious Name
- APOSTIL ( )  Other
- Country**

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement

EXAMINER'S INITIALS: \_\_\_\_\_

22 AUG -9 AM 7:00

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(850) 524-6243

PLEASE use funds from ACCT: I20210000160 AMOUNT: \$ 125.00

Authorization Signature: James Sullivan  
Bracha Holdings 2 LLC

Business	Document #
<input type="checkbox"/> Walk in	<input type="checkbox"/> Pick up time
<input type="checkbox"/> Mail out	<input type="checkbox"/> Will wait
<input type="checkbox"/> Photocopy	
<input type="checkbox"/> <b>Certified Copy (s) of Articles of Organization</b>	
<input type="checkbox"/> <b>Certificate of Status</b>	

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EXAMINER'S INITIALS: \_\_\_\_\_

22 AUG -9 AM 7:08

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Bracha Holdings 2 LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oron Unger  
Name of Person  
Bracha Holdings 2 LLC  
Firm/Company  
9721 Montpelier Drive  
Address  
Delray Beach, Florida, 33446  
City/State and Zip Code  
nurturly@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lura Barua at (888) 650-3738  
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

22 AUG -9 AM 7:08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bracha Holdings 2 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:

9721 Montpelier Drive  
Delray Beach, Florida, 33446

Mailing Address:

9721 Montpelier Drive  
Delray Beach, Florida, 33446

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:

Oron Unger  
Name

9721 Montpelier Drive  
Florida street address (P.O. Box NOT acceptable)

<u>Delray Beach,</u>	<u>Florida</u>	<u>33446</u>
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..*

Oron Unger  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 AUG -9 4:17:08

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Oron Unger  
9721 Montpelier Drive  
Delray Beach, Florida, 33446

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

*Oron Unger*

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.

Oron Unger

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)

22 AUG -9 AM 7:10