# 3000122108

## Florida Department of State

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To;

Division of Corporations

Fax Number : (850)617-6381

Erom:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

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

### FLORIDA LIMITED LIABILITY CO.

BRANDIFY WORKS LLC

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3/16/2023 1:23:13 PM PAGE 1/001 Fax Server



March 16, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E & F LATIN GROUP LLC

SUBJECT: BRAND FOUNDRY LLC

REF: W23000036015

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

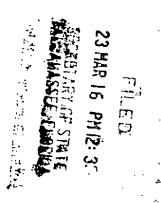
The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Genesis R Kersey OPS Clerk FAX Aud. #: H23000099082 Letter Number: 423A00006137



	CO	VER DETTER	
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BF SUBJECT:	LANDIFY WORKS LLC		
	Name of Lin	nited Liability Company	
The enclosed A:	ticles of Organization and fee(s) are	e submitted for filling.	
l'lease return all	correspondence concerning this me	uter to the following:	
DIE	GO FIGUEROA		
		Name of Person	
E &	F LATIN GROUP LLC		
		Firm/Company	
1820	ON CORPORATE LAKES BLVD	SUITE 109	
		Address	
WF.	STON FL 33326		
		ity/State and Zip Code	
DIEC	O@EFLATINACCOUNTING.CO	OM  for future annual report notification)	
	·	•	
For further inform	nation concerning this matter, please	e Cull:	
DIE	GO FIGUEROA 95	384 8565 )	
	Name of Person A	rea Code Daytime Telephone Num	iher
Enclosed is a ch	eck for the following amount:		33 M
□\$125.00 Filin	g Fee S130.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	S160.0tt.Film Fig. 16 ertificate of States ertificate Copy (15 citional copy of configurations)
	Mailing Address New Filing Section	Street Address New Filing Section Division	

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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahussee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

BRANDIFY WORKS 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:	
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Mailing Address:

1820 N CORPORATE LAKES BLVD	1820 N CORPORATE LAKES BLVD
SUITE 109	SUITE 109
WESTON, FL 33326	WESTON, FL 33326

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:

E&FLATIN GROUP LLC

Nama

1820 N CORPORATE LAKES BLVD SUITE 109

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

WESTON FLORIDA 33326
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.

Registere Agent's Signature (REQUIRED)

(CONTINUED)

23 MAR 16 PH 12: 3

\$ 5,00 Certificate of Status (Optional)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title "AMBR" = Authorized Member "MGR" = Manager <u>DORIAN E. MANSILLA</u> <u>AMGR</u> 1820 N CORPORATE LAKES BLVD STE 109 WESTON, FL 33326 **AMGR** <u>FERNANDO A. MAZZEI</u> 1820 N CORPORATE LAKES BLVD STE 109 ŠTOŇ. FL 33326 <u>AMBR</u> <u>PABLO J. BIONDI</u> 1820 N CORPORATE LAKES BLVD STE 109 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filling: 03/15/2022 \_\_. (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 inscreed in this block does not meet the applicable statutory filling 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 of an authorized representative of a member.

This document is executed in accordance was section 605.0203 (1) (b), Florida Sta I am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S. DIEGO FIGUEROA Typed or printed name of signee \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)