

#L13000076033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

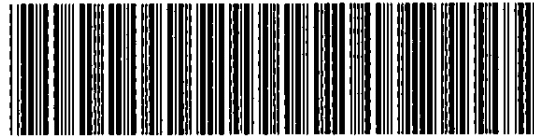
(Business Entity Name)

(Document Number)

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05/24/13--01002--018 \*\*160.00

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2013 MAY 23 PM 4:46  
SUFFICIENCY OF FILING

FILED  
13 MAY 23 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

MAY 24 2013

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:** RICKY SOTO

**DATE:** 05/23/2013

**REF. #:** 8778284

**CORP. NAME:** CHELY BRICKELL, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 70002924 FOR \$ 160.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |  |   |

Examiner's Initials

FILED

13 MAY 23 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION**

**OF**

**CHELY BRICKELL, LLC**

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The undersigned Member or Authorized Representative of a Member signs these Articles of Organization and forms a limited liability company (the "*Company*") under the Florida Limited Liability Company Act (the "*Act*"), as follows:

**NAME**

The name of the Company is: CHELY BRICKELL, LLC.

**MAILING ADDRESS AND STREET ADDRESS**

The mailing address and street address of the principal office of the Company is:

Juan Ignacio Rodriguez  
14719 Barryknoll Lane, Apartment 57  
Houston, TX 77079-2810

**NAME AND ADDRESS OF MANAGER**

The name and address of the sole Manager of the Company is:

Juan Ignacio Rodriguez  
14719 Barryknoll Lane, Apartment 57  
Houston, TX 77079-2810

**EXISTENCE**

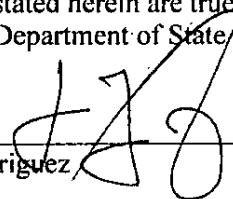
The Company's existence will commence upon filing.

**INITIAL REGISTERED OFFICE AND AGENT**

The name and street address of the initial registered agent and office of the Company are: NRAI Services, Inc., 1200 South Pine Island Road, Plantation, FL 33324.


In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Juan Ignacio Rodriguez  
Manager



**ACCEPTANCE BY REGISTERED AGENT**

I accept the appointment as Registered Agent of the Company to accept service of process on its behalf at the place designated in these Articles of Organization. I am familiar with, and accept, the obligations of my position as registered agent as provided for in the Act.

A handwritten signature in black ink, appearing to read "Michele Holden", written over a horizontal line.

Michele Holden, Assistant  
Secretary

**NRAI Services, Inc.**  
1200 South Pine Island Road  
Plantation, FL 33324

Dated: May 23, 2013