

#L13000137259

(J)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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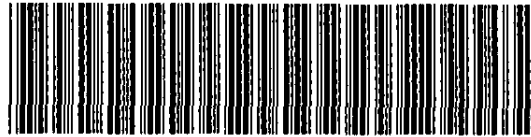
(Business Entity Name)

(Document Number)

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09/27/13--01003--021 **125.00

RECEIVED
DEPARTMENT OF STATE
13 SEP 27 PM 1:40

FILED
13 SEP 27 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

SEP 30 2013

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

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 09/27/13

REF. #: 8908452

CORP. NAME: 1201 BRICKELL AVENUE 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# 70007572 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

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

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
1201 BRICKELL AVENUE LLC**

FILED
13 SEP 27 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **1201 Brickell Avenue LLC.**

MAILING ADDRESS AND STREET ADDRESS

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

C/O Leandro Barbuscio CPA
2699 S. Bayshore Drive Ste 300
Miami FL 33133

NAME AND ADDRESS OF SOLE MANAGER

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

Super Holdings, LLC
C/O Leandro Barbuscio CPA
2699 S. Bayshore Drive Ste 300
Miami FL 33133

EXISTENCE

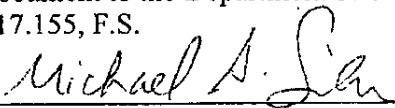
The Company's existence will commence upon filing.

INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent and office:

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.



Michael A. Silva
Authorized Representative of Member

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", is written over a horizontal line.

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, FL 33324
Michele Holden, Asst. Sect

Dated: September 27, 2013