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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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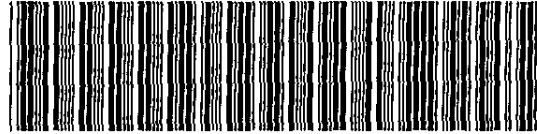
(Business Entity Name)

(Document Number)

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

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 901 Brickell Condominium Unit #2209, 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:

Victoria Persono

(Name of Person)

Victoria Persono

(Firm Company)

18481 H.W. 23<sup>RD</sup> PL.

(Address)

Pensacola Pines, FL 33029

(City/State and Zip Code)

For further information concerning this matter, please call:

Victoria Persono

(Name of Person)

at ( 954 ) 232-9730

(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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION**

**OF**

**901 BRICKELL CONDOMINIUM UNIT # 2109, LLC**

The certificate is presented for filing these Articles of Organization of a Limited Liability Company under the laws of the State of Florida.

**ARTICLE I**

The name of the Limited Liability Company is:

**901 BRICKELL CONDOMINIUM UNIT # 2109, LLC**

**ARTICLE II**

The Limited Liability Company will engage in any activity or business permitted under the laws of the United States and the State of Florida.

**ARTICLE III**

The address of the principal office of the Limited Liability Company in the State of Florida is:

**18481 NW 23<sup>rd</sup> Place,**

**Pembroke Pines, Florida 33029**

**ARTICLE IV**

The name of the Registered Agent of the Limited Liability Company is:

**Victoria Bace Perdomo**

The address of the Registered Office of the Limited Liability Company is:

**18481 NW 23<sup>rd</sup> Place,**

**Pembroke Pines, Florida 33029**

Having been named as Registered Agent and to accept service of process for the

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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 obligation of my position as Registered Agent as provided for in Chapter 608, F.S.

  
\_\_\_\_\_  
Registered Agent's Signature

ARTICLE V

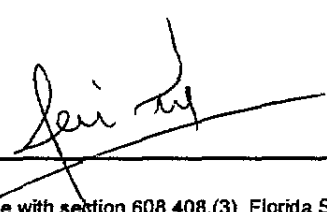
The name and business address of each Manager or Managing Member is as follows:

Title:           Manager  
Name:           Victoria Bace Perdomo  
Address:        18481 NW 23<sup>rd</sup> Place  
                  Pembroke Pines, Florida 33029

ARTICLE VI

This Limited Liability Company is to exists perpetually.

IN WITNESS WHEREOF, the undersigned has set his hand and seal at Broward County, Florida this 22<sup>nd</sup> day of February, 2005.

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

Victoria Bace Perdomo

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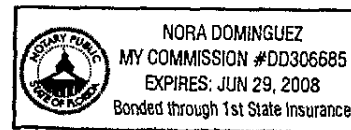
STATE OF FLORIDA  
COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, personally appeared before me, a notary public duly authorized to take acknowledgments, Victoria Bace Perdomo, to me known to be the person who executed the above and foregoing Articles of Organization, for the purpose therein described.

WITNESS my hand and official seal at Broward County, Florida this 22<sup>nd</sup> day of February, 2005.

*Nora Dominguez*

Notary Public,  
State of Florida, at Large



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