Division of Corporations

L07000046382

https://efile.sunbiz.org/scripts/efilcovr.exe

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000119839 3)))

H07000119839ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED
07 MAY -1 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
07 MAY -1 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

901 brickell key boulevard #2402, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

Electronic Filing Menu Corporate Filing Menu Help

H07000119839

(3)

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

901 Brickell Key Boulevard #2402, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
901 Brickell Key Blvd., #2308 Miami, FL 33131	901 Brickell Key Blvd., #2308 Miami, FL 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Joao L. Carvalho
Name

901 Brickell Key Blvd., #2308
Florida street address (P.O. Box NOT acceptable)

Miami FLORIDA 33131
City, State, and Zip

FILED
07 MAY -1 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, Florida Statutes.

X _____
Registered Agent's Signature

H07000119839

H07000119839

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Joao L. Carvalho 901 Brickell Key Blvd., #2308 Miami, FL 33131

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Joao L. Carvalho
Signature of a member or the authorized representative of a member.

(In accordance with section 608.4076, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

X JOAO LCARVALHO
Typed or printed name of signee

FILED
07 MAY -1 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H07000119839