

Florida Department of State

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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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

888brickey key drive #1907, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

888 Brickell Key Drive #1907, LLC

ARTICLE II - Address:

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

Principal Office Address:

901 Brickell Key Blvd., #2308
Miami, FL 33131

Mailing Office:

901 Brickell Key Blvd., #2308
Miami, FL 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Office:

The name and the Florida street address of the registered agent are:

Jose L. Carvalho

Name

901 Brickell Key Blvd., #2308

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

Miami


FLORIDA 33131

City, State, and Zip

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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 606, Florida Statutes.

X 

Registered Agent's Signature

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(CONTINUED)

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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 required.

REQUIRED SIGNATURE:

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

(In accordance with section 605.001(2), Florida Statute, the execution of this document constitutes an acknowledgment under the penalty of perjury that the facts stated herein are true.)

X JOAO L. CARVALHO
Typical or printed name of signer

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