Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE IN

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Phone : (305)444-4994

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. BRICK OCEAN LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company i	s:
BRICK OCEAN	N LLC
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "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:
169 EAST FLAGLER STREET SUITE # 1620	189 EAST FLAGLER STREET SUITE # 1620.
MIAMI, FLORIDA 33131	MIAMI, FLORIDA 33131
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	MA Z B
The name and the Piorida street address of the	e rogistored agent are:
	L GLINSKY BH I
Nam	10
169 EAST FLAGLER S	STREET SUITE # 1620
Florida street a	address (P.O. Box NOT acceptable)
MIAMI City,	FL 33131 State, and Zip
Having been named as registered agent and to	o accept service of process for the above stated limited

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	MOISES WAHNON	
	169 EAST FLAGLER STREET SUITE # 1620	
	MAMI, PLORIDA 33131	
(Use attachment if necessary)	•	
•		
ICLE V: Effective date, if other than to affective date is listed, the date must	the date of filing:	S mint
90 days after the date of filing.)		ž
	ASS	27
REQUIRED SIGNATURE:		
/	Es ?	တ္တ
/		8: -7
Signifiare of Ame	mbar or an anthorized representative of a member.	
(In accordance will	h section 609.400(3), Florida Statutes, the execution conflicts an affirmation mader the peoplites of perjuty	
	MOISES WAHNON	
	Typed or printed name of signer	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Cortifled Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV- Manager(s) or Managing Member(s):