

Division of Corporations

Florida Department of State

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

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

\*\*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.  
ICONBRICKELL 5009, LLC

Certificate of Status	1
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TALLAHASSEE, FLORIDA

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EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**ICONBRICKELL 5009, LLC**

**ARTICLE I**

**The me of the Limited Liability Company shall:**

**ICONBRICKELL 5009, LLC**

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

**ARTICLE III**

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

**1730 MAIN STREET SUITE 226  
WESTON, FL 33326**

**ARTICLE IV**

**The name of the Manager(S) and Managing Member(s) shall be:**

**MANAGING MEMBER  
ARTURO ORTEGA  
808 BRICKELL KEY DR. APT 2101  
MIAMI, FL 33131**

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**ARTICLE V**

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

**MARIA B. PARJUS  
1730 MAIN STREET SUITE 226  
WESTON, FL 33326**

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

**ICONBRICKELL 5009, LLC**

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Maria B. Parjus  
Registered Agent

Maria B. Parjus  
Signature of a member or an authorized representative of a member

(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.)

**MARIA B. PARJUS**

Typed or printed name of signee

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