## L11000107663

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

B. KOHR

SEP 2 1 2011

**EXAMINER** 



500212029375

09/21/11--01001--009 \*\*500.00

TO ACKNOWLEDGE SUFFICIENCY OF FILING 2011 SEP 20 PH 4: 29

PRECEIVED
DEFARIMENT OF STATE
STATE
OF STATE

SECRETARY OF STATE SIVISION OF CORPORATIONS

### CORPORATE ACCESS,

"When you need ACCESS to the world"

INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666 . Fax (850) 222

#### WALK IN

	PICK U	P: 01-20-	11	& 39
Ċ	CERTIFIED COPY			
DY.	РНОТОСОРУ			
	CUS	-		
<b>X</b>	FILING	LLC		
•				
	ICONDICKELL 5 ORPORATE NAME AND DOCUME	405, LLC		
(C	ORPORATE NAME AND DOCUME	NT#)		
(C	ORPORATE NAME AND DOCUME	N'I`#)		
· (C)	ORPORATE NAME AND DOCUME	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	ORI ORATE NAME AND DOCUME	NI #)		
(C	ORPORATE NAME AND DOCUME	NT #)		
(C)	ORPORATE NAME AND DOCUME	NT #)		
(Co	ORPORATE NAME AND DOCUME	N'1`#)		
PECIAL IN	ISTRUCTIONS:			

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

# TI SER 20 M & 39

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

#### **ICONBRICKELL 5405, 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:

4801 SE 11<sup>th</sup> Avenue Ocala FL 34480 4801 SE 11<sup>th</sup> Avenue Ocala FL 34480

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

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

Linda Struve-Doerflein 4801 SE 11<sup>th</sup> Avenue Ocala FL 34480

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.

anda Struve-Doerflein

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

The name and address of the Managers are as follows:

Title: Name and Address:

"MGR" Linda Struve-Doerflein

Linda Struve-Doerflein 4801 SE 11<sup>th</sup> Avenue

Ocala, FL 34480

"MGR" Michael Doerflein

Michael Doerflein 4801 SE 11<sup>th</sup> Avenue

Ocala, FL 34480

REQUIRED SIGNATURE:

Signature of a member of 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.)

Linda Struve-Doerflein

Typed or printed name of signee