

L 1200004/400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

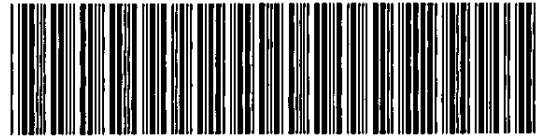
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12 MAR 23 AM 11:39

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2012 MAR 23 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
MAR 26 2012

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: **RICKY SOTO**

DATE: **03/23/2012**

REF. #: **002226.163881**

CORP. NAME: **BRICKELL KEY 908, LLC**

- | | | |
|--|---|---|
| ☐ ARTICLES OF INCORPORATION | ☐ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☐ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☒ LIMITED LIABILITY |
| ☐ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | | |
| ☐ OTHER: | | |

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TALLAHASSEE, FLORIDA

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STATE FEES PREPAID WITH CHECK# **543728** **FOR \$** **[Click here and type]**

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| ☒ CERTIFIED COPY | ☐ CERTIFICATE OF GOOD STANDING | ☐ PLAIN STAMPED COPY |
| ☐ CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR
BRICKELL KEY 908, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is: BRICKELL KEY 908, LLC

ARTICLE II - Address:

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

c/o Paulo Miranda
1001 Brickell Bay Drive
Suite 2406
Miami, FL, 33131

ARTICLE III - Registered Agent and Registered Office:

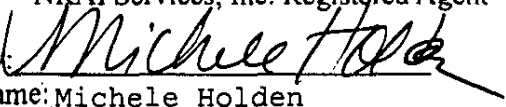
The name and the Florida street address of the registered agent are:

NRAI Services Inc.
515 East Park Avenue
Tallahassee, FL 32301

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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, F.S.

NRAI Services, Inc. Registered Agent

By: 

Name: Michele Holden

Title: Asst. Secretary

ARTICLE IV - Management

☒ The Limited Liability Company is to be managed by one Member or more Members and is, therefore a member-managed company.

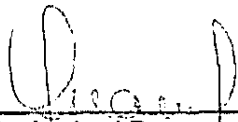
ARTICLE V – Manager(s) or Managing Member(s)

The name and address of each Manager:

MGRM

Harwood Securities Investment Corp

c/o: Paulo Miranda
1001 Brickell Bay Dr. suite 2406
Miami, FL 33131



Paulo Miranda, Authorized Representative of a Member
Member or Authorized representative of a member(s)

(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.)

Paulo Miranda

Typed or printed name of signee

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**ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT**

The undersigned, who has been designated in the foregoing Articles of Incorporation as registered agent for the corporation, agrees that (i) he accepts such appointment as registered agent and will accept service of process for and on behalf of said corporation, and (ii) he is familiar with and will comply with any and all laws relating to the complete and proper performance of the duties and obligations of a registered agent of a Florida corporation.

Dated: as of this 23rd day of March, 2012

NRAI SERVICES, INC., Registered Agent

By: 
Name: Michele Holden
Title: Asst. Secretary

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TALLAHASSEE, FLORIDA