

L13000066615 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

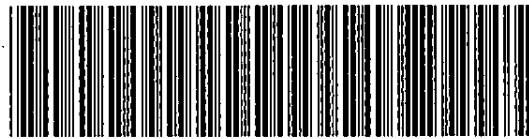
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600247009106

05/07/13--01001--002 **155.00

RECEIVED
2013 MAY -6 PM 2:18
SUFFICIENCY OF FILING

B. BOSTICK

MAY - 7 2013

EXAMINER

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

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: KATIE WONSCH

DATE: 05/06/2013

REF. #: 1779543.8757471

CORP. NAME: CR REST BRICKELL, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70002102 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
CR REST BRICKELL, LLC**

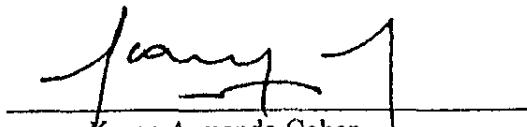
ARTICLE I. Name: The name of the Limited Liability Company is CR REST BRICKELL, LLC (the "Company").

ARTICLE II. Address: The mailing address of the principal office of the Company is 6401 Congress Avenue, Suites 230-240, Boca Raton, FL 33487. The street address of the principal office of the Company is 6401 Congress Avenue, Suites 230-240, Boca Raton, FL 33487.

ARTICLE III. Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the Company's registered agent are:

Karen Armando Cohen
6401 Congress Avenue
Suites 230-240
Boca Raton, FL 33487

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 in Chapter 608, Florida Statutes.



Karen Armando Cohen

ARTICLE IV. Management: The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The names and addresses of the initial managers are:

Jhonny Mercado
6401 Congress Avenue
Suites 230-240
Boca Raton, FL 33487

Karen Armando Cohen
6401 Congress Avenue
Suites 230-240
Boca Raton, FL 33487

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization
this 6th day of May, 2013.



Karen Armándo Coheh, Authorized Person

(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.)