

L/3000/43790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



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(Business Entity Name)

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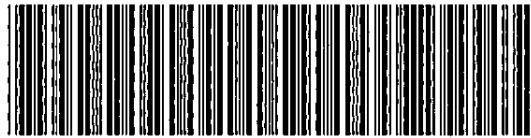
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DIVISION OF CORPORATIONS

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RECEIVED

CLERK OF THE SUPREME COURT
TALLAHASSEE, FLORIDA

2013 OCT 18 AM 9:55

FILED

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

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 10/10/13

REF. #: 8922035

CORP. NAME: 8855 COLLINS 9B 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# 70008195 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

2013 OCT 10 AM 9:55

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
8855 COLLINS 9B LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is: 8855 COLLINS 9B 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

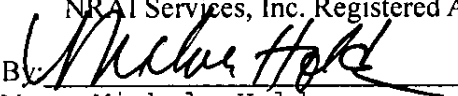
ARTICLE III - Registered Agent and Registered Office:

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

NRAI Services Inc.
1200 South Pine Island Road
Plantation, FL 33324

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: Assistant Secretary

ARTICLE IV - Management



The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager-managed company.

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MIAMI, FL

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

The name and address of each Manager:

MGR

Claudio Afif Domingos
8855 Collins Ave, #6-G
Surfside, FL 33141



Renata Sena, Organizer

(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.)

Renata Sena

Typed or printed name of signee

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CLERK OF COURT
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**CERTIFICATE OF ACCEPTANCE BY
REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the Limited Liability Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

This certificate is executed and dated as of this 10th day of Oct, 2013.



Name: Michele Holden

Title: Assistant Secretary

2013 OCT 14 5:56 PM
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