

LI4000016537

(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:

LI4-4823

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SECRETARY OF STATE  
FLORIDA

2014 JAN 23 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 JAN 29 AM 9:07

FILED

JAN 30 2014

CLERK



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2014

EXPRESS

SUBJECT: BRIO EXPRESS, LLC  
Ref. Number: W1400004823

We have received your document for BRIO EXPRESS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 014A00001638

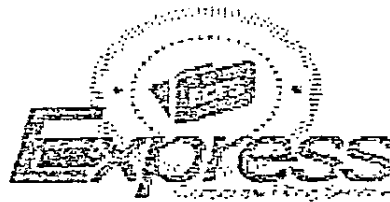
TO A. K. P. L. L. C.  
SUFFICIENTLY OFF FILING

2014 JAN 29 AM 11:03

OFFICE OF THE  
TALLAHASSEE  
TALLAHASSEE, FLORIDA

2014 JAN 29 AM 9:08

FILED



1000 Ponce de Leon Blvd. Suite: 105  
Coral Gables, FL 33134  
Phone: 305-444-4994  
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Brio Express, LLC  
(CORPORATE NAME) (DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-in

☒ Pick up time: \_\_\_\_\_

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	App. Will
<input type="checkbox"/>	Other:

FILED  
JAN 29 AM 9:08  
STATE OF FLORIDA  
TALLAHASSEE

Examiners Initials

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

**ARTICLE I - NAME**

The name and address of this Limited Liability Company shall be:

**BRIO EXPRESS, LLC**

**ARTICLE II - ADDRESS**

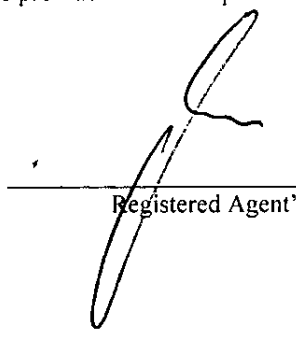
6160 N.W. 74<sup>th</sup> Avenue  
Miami, FL 33166

**ARTICLE III - NAME OF REGISTERED  
AGENT, ADDRESS OF REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE**

The name and street address of the L.L.C.'s initial registered resident agent shall be:

Marcelo Alberto Diaz  
6160 N.W. 74<sup>th</sup> Avenue  
Miami, FL 33166

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 605 F.S.

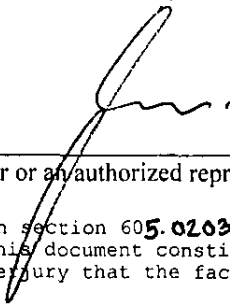
  
\_\_\_\_\_  
Registered Agent's Signature

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII - MANAGEMENT**

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

Marcelo Alberto Diaz "MGRM"  
6160 N.W. 74<sup>th</sup> Avenue  
Miami, FL 33166

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(a) Florida Statutes,  
the execution of this document constitutes an affirmation  
under the penalties of perjury that the facts stated herein are true)

Marcelo Alberto Diaz

\_\_\_\_\_  
Printed name of signature

**FILED**  
2014 JAN 29 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA