

L4000066755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

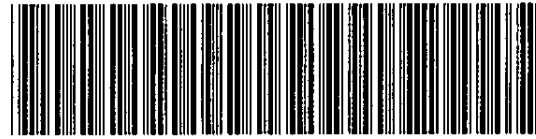
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status

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04/24/14--01001--006 \*\*130.00

RECEIVED  
14 APR 23 PM 2:50  
DIVISION OF CORPORATIONS

FILED  
14 APR 23 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 24 2014

T. BROWN

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

FILING COVER SHEET  
ACCT. #FCA-23

CONTACT: SAVANNAH DEBOER

DATE: 04/23/14

REF. #: 7745692.9123347

CORP. NAME: OFFICE 1200 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# 70019033 FOR \$ 130.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

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

Examiner's Initials

**ARTICLES OF ORGANIZATION**

**OF**

**OFFICE 1200 BRICKELL, LLC**

The undersigned Member or Authorized Representative of a Member signs these Articles of Organization and forms a limited liability company (the "*Company*") under the Florida Limited Liability Company Act (the "*Act*"), as follows:

**NAME**

The name of the Company is: **OFFICE 1200 BRICKELL, LLC**

**MAILING ADDRESS AND STREET ADDRESS**

The mailing address and street address of the principal office of the Company is:  
2699 S. Bayshore Drive, Suite 300  
c/o Leandro Barbuscio PA  
Miami, FL 33133

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**NAME AND ADDRESS OF THE SOLE MANAGER**

The name and address of the sole Manager of the Company is:  
Super Holdings, LLC  
2699 S. Bayshore Drive, Suite 300  
c/o Leandro Barbuscio PA  
Miami, FL 33133

**EXISTENCE**

The Company's existence will commence upon filing.

**INITIAL REGISTERED OFFICE AND AGENT**

The name and street address of the initial registered agent and office:  
**NRAI Services, Inc.**  
1200 South Pine Island Road  
Plantation, FL 33324

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Gregory M. Weigand  
Authorized Representative of Member

**ACCEPTANCE BY REGISTERED AGENT**

I accept the appointment as Registered Agent of the Company to accept service of process on its behalf at the place designated in these Articles of Organization. I am familiar with, and accept, the obligations of my position as registered agent as provided for in the Act.

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

Dated: April 23, 2014