

116000092943

(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



500285844935

05/17/16--01013--008 \*\*155.00

FILED  
16 MAY 17 PM 2:19  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

RECEIVED  
16 MAY 17 AM 11:40  
DEPARTMENT OF STATE  
10 ACACOWLE  
SUFFICIENCY 9 FILING

MAY 17 2016

T SCHROEDER

**CT Corporation System**

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

**Bras 104 LLC**☐ Nonprofit☐ Foreign☐ Amendment☐ Merger☐ Limited Partnership☐ Dissolution/Withdrawal☐ Mark☒ LLC *Registration*  
~~Qualification~~☐ Reinstatement☐ Annual Report☐ Other☒ Certified Copy  
*Qual*☐ Name Registration☐ Fictitious Name☐ Call When Ready☐ CUS☒ Walk In☐ Photocopies☐ Mail Out☐ Call If Problem☐ After 4:30☒ Pick Up

Name

☐ Will Wait

Availability \_\_\_\_\_

Document

5/17/2016

Order#:

Examiner \_\_\_\_\_

**10013187**

Updater \_\_\_\_\_

**KM**

Verifier \_\_\_\_\_

Ref#:

W.P. Verifier \_\_\_\_\_

Amount: \$

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Bras 104 LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paulo Miranda  
Name of Person

PSM Corporate Services, Inc.  
Firm/Company

1001 Brickell Bay Drive Suite 2406  
Address

Miami, Florida 33131  
City/State and Zip Code

psm@psmcorporate.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Livia Vieira at ( 305 ) 456-3752  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|--|---|

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bras 104 LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1001 Brickell Bay Drive, Suite 1210  
Miami, FL 33131

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NRAI Services Inc.

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation

City

FL 33324

Zip

*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.*



Angel Nunez

Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
16 MAY 17 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Manager

**Name and Address:**

George Zac Zac

1001 Brickell Bay Drive, Suite 1210

Miami, FL 33131

Member

GZZ PROPERTIES LLC

1001 Brickell Bay Drive, Suite 1210

Miami, FL 33131

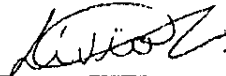
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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

(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.)

LIVIA VIEIRA

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED  
16 MAY 17 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA