

L16000136750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

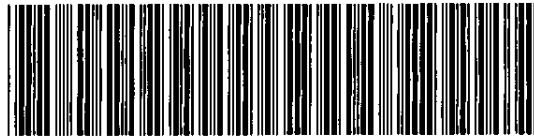
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
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ICON BRICKELL 2406, LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

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Signature _____

Requested by: BA _____
 Name _____ Date 07/22/16 Time _____
 Walk-In _____ Will Pick Up _____

**ARTICLES OF ORGANIZATION
FOR
Icon Brickell 2406, LLC,
a Florida limited liability company**

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SECRETARY OF STATE
ALLIANCE COUNTY, MISSOURI

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

ARTICLE I- NAME:

The name of the limited liability company is: Icon Brickell 2406, LLC.

ARTICLE II- ADDRESS:


The address of its principal place of business, as well as the mailing address for this limited liability company is: Icon Brickell 2406, LLC, c/o Davide Murdocca, 1 Century Lane, Apt. 302, Miami Beach, Florida 33139

ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Davide Murdocca
1 Century Lane, Apt. 302
Miami Beach, Florida 33139

Having been named as registered agent and to accept service of process for the above state 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.



Davide Murdocca, Registered Agent

ARTICLE IV

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

TITLE:

Gilberto Lanza, Manager/Member

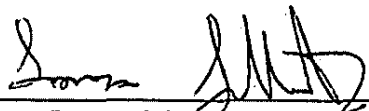
NAME AND ADDRESS:

465 Brickell Ave, #2406, Miami, FL 33131

ARTICLE -V - Effective Date, if other than the date of filing: _____(Optional)

ARTICLE- VI- Other provisions, if any.

REQUIRED SIGNATURE:



Gilberto Lanza, Manager

(In accordance with Section 605.0203 (1)(b), Florida Statute, 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 s817.155, F.S.)

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TALLAHASSEE, FLORIDA