Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 12000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

**Enter the email address for this business entity to be used for futur



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:
BRICKELL FINANCIAL SERVICES USA, 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. Malling Address:
2828 COLAL WAY 3017E 303 SAME. MIAMI, FL 38149
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:
Name
2828 COLAL WAY SVITE 303
2828 CORNL WAY, SVITE 303 Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33149 Ex 8
City State Zip
City State Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the soloce designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity of Surther 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 oblivations of my position as registered agent as provided for in Chapter 605. F.S.

Title:	Name and Address:
"AMBR" = Authorized Member	Charles Charles
"MGR" = Manager	
MGR	1510000 RIGUERO
•	7828 COMM- WAY, SUITE 303
	MAM, FL 33149
MGR_	Horació Couz
	2528 Great WRY SUITE 303
	MIAMI, EL 33149
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(Use attachment if necessary)	······································
Cose anaminent in necessary	
ARTICLE V: Effective date, if other than the date of fill-	ng:, (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 afte
the date of filing.)	
	ne applicable statutory filing requirements, this date will not be listed
the document's effective date on the Department of Sta	te's records.
ARTICLE VI: Other provisions, if any,	
	1

Filing Pem:

Typed or printed name of signee

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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, P.S.

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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