

L21000074823

Florida Department of State
Division of Corporations
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(((H21000073220 3)))



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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : RENNERT, VOGEL, MANDLER & RODRIGUEZ, P.A.,
Account Number : 076103002011
Phone : (305)577-4163
Fax Number : (305)373-0791

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bdelgado@rvmrlaw.com

2021 FEB 22 AM 11:33

FLORIDA LIMITED LIABILITY CO.
Brickell City Centre Associates, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Handwritten signature/initials

FAX AUDIT NO. H21000073220 3

**ARTICLES OF ORGANIZATION
OF
BRICKELL CITY CENTRE ASSOCIATES, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I - Name

The name of the Limited Liability Company is: **Brickell City Centre Associates, LLC.**

ARTICLE II - Address

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

1300 Brickell Avenue
Miami, Florida 33131

ARTICLE III - Registered Agent/Office

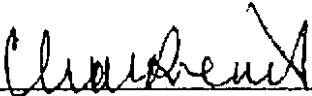
The name and Florida street address of the registered agent is:

Registered Agents of Florida, LLC
100 S.E. Second Street, Suite 2900
Miami, Florida 33131

2021 FEB 22 AM 11:00

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, F.S.

REGISTERED AGENTS OF FLORIDA, LLC

By: 
Charles J. Rennert, President

The undersigned member has executed these Articles of Organization this 19th day of February 2021.


Charles J. Rennert, Authorized Representative of 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.)

FAX AUDIT NO. H21000073220 3

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. ANTHONY KING
Fictitious Name to be Registered (See instructions if name includes a business entity suffix or indicator)

2. C/O 27300 SW 153 AVENUE
Mailing Address of Business

HOMESTEAD FLORIDA 33032-8354
City State Zip Code

3. Florida County of principal place of business: DADE,
BROWARD & PALM BEACH
(See instructions if more than one county)

4. FEI Number: _____

FILED

2021 FEB 03 AM 2:39

DEPARTMENT OF CORPORATION
 STATE OF FLORIDA

621000016407
 02/03/21--01005--011 **160.00

This space is for office use only
 CR4E001 (6/17)

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary)

1. _____ <small>Last First M I</small>	2. _____ <small>Last First M I</small>
_____ Address _____	_____ Address _____
_____ City _____ State _____ Zip Code _____	_____ City _____ State _____ Zip Code _____

B. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary)

2. <u>ANTHONY KING ALI EXPRESS TRUST</u> <small>Entity Name</small>	2. _____ <small>Entity Name</small>
<u>NUMBER 55 Sec 2 JINSHAN DA AN DISTRICT</u> <small>Address</small>	_____ Address _____
<u>TAIPEI CITY, TAIWAN</u> <u>10603</u> <small>City State Zip Code</small>	_____ City _____ State _____ Zip Code _____
Florida Document Number: _____	Florida Document Number: _____
FEI Number: <u>98-6100497</u>	FEI Number: _____
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

Section 3

I, the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that 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.

BY: ALL LIBERTIES RESERVED
 Signature of Owner in Section 1 _____ Date _____ Email Address: (to be used for future renewal notification) _____

Phone Number: _____

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we), the undersigned, hereby cancel the fictitious name _____
 which was registered on _____ and was assigned registration number _____

Signature of Owner of Registration being Cancelled Date _____
Signature of Owner of Registration being Cancelled Date

Mark the applicable boxes Certificate of Status- \$10 Certified Copy- \$30

NON-REFUNDABLE PROCESSING FEE: \$50

T MOORE
 2021