

# L24000121269

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000099230 3)))



H240000992303ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:  
Account Name : MIAMI BUSINESS SOLUTIONS, INC.  
Account Number : I20170000045  
Phone : (786)546-4490  
Fax Number : (800)323-1074

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

Email Address: eduardo@mbs taxes.com

FLORIDA LIMITED LIABILITY CO.  
BRICKELL FINANCIAL & INSURANCE GROUP LLC

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

2024 Mar 14 PM 3:23

2024 Mar 14 AM 8:25



ma

**ARTICLES OF ORGANIZATION  
FOR  
BRICKELL FINANCIAL & INSURANCE GROUP LLC.**

**Article I**

The name of the Limited Liability Company is:  
BRICKELL FINANCIAL & INSURANCE GROUP LLC

**Article II**

The principal place of business address:  
10300 SW 72 STREET, STE 303  
MIAMI, FL 33173

The principal mailing address:  
10300 SW 72 STREET, STE 303  
MIAMI, FL 33173

**Article III**

The purpose for which this corporation is organized is:  
ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
MIAMI BUSINESS SOLUTIONS INC.  
1651 SANDY SPRINGS DR  
FLEMING ISLAND, FL 32003

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.

  
EDUARDO MIRALLES

MAI 14 08:25

**Article V**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
MANUEL ALVAREZ  
10300 SW 72 STREET, STE 303  
MIAMI, FL 33173

Title: AMBR  
PILAR BOSCH  
10300 SW 72 STREET, STE 303  
MIAMI, FL 33173


**Article VI**


The effective date for this corporation shall be:

03/08/2024

Signature of members and authorized representative

I am the member or authorize representative submitting these Articles of Organization and affirm that the facts stated herein are true. 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. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

  
\_\_\_\_\_  
MANUEL ALVAREZ 03/08/2024

  
\_\_\_\_\_  
PILAR BOSCH 03/08/2024

2024 Mar 14 16:08:25