

L22000013877

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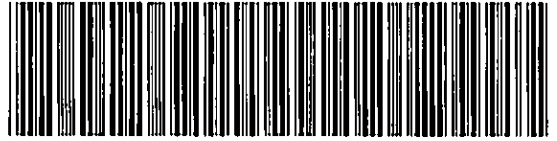
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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**DATE:** 1/12/2022

**NAME:** MIAMI BRUSSELS INVEST LLC

**TYPE OF FILING:** ARTICLES

**COST:** 125.00

**RETURN:** PLAIN COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*A Hodge*

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Miami Brussels Invest  
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:

Brenda Esther Ortiz  
Name of Person

KVB ORCOM US  
Firm/Company

60 Broad Street Suite 3502  
Address

New York NY 10009  
City/State and Zip Code

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

For further information concerning this matter, please call:

Fredenc Blanchard at ( 646 ) 457-1608  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Miami Bussols Invest LLC

(Must contain 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:

60 Broad Street  
Suite 3502  
New York NY 10004

Mailing Address:

60 Broad Street  
Suite 3502  
New York NY 10004

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:

Paracorp Incorporated  
Name

155 Office Plaza Dnve 1st floor  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32301  
City State 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.*

See attached  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE OF FLORIDA  
TALLAHASSEE, FL  
2022 JAN 12 PM 1:31  
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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

President

Donadi Patrizia  
60 Broad Street Suite 3502  
New York NY 10004

Vicepresident

ASSOURI Ahmed  
60 Broad Street Suite 3502  
New York NY 10004

Treasurer

ASSOURI Ahmed  
60 Broad Street Suite 3502  
New York NY 10004

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

REQUIRED SIGNATURE:



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, F.S.

Fredonic Victor Blanchard

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)

**STATE OF FLORIDA**

**REGISTERED AGENT CONSENT FORM**

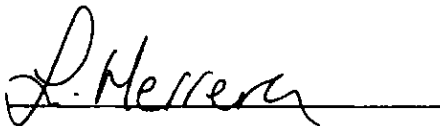
**DATE:** 1/12/2022

**ENTITY NAME:** MIAMI BRUSSELS INVEST LLC

**REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

A handwritten signature in black ink, appearing to read "L. Herrera", is written over a solid horizontal line.

Leticia Herrera, Assistant Secretary  
Paracorp Incorporated