

**L030000351008**

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**patio brisas, llc**

Certificate of Status	0
Certified Copy	1
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APPROVED AND FILED  
03 SEP 18 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*UB*  
*9-19-08*

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PATIO BRISAS, LLC

ARTICLE II - Address:

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

321 Jefferson Street, 2<sup>nd</sup> Floor  
Hollywood, FL 33019

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

MARK E. ROUSSO, ESQ.

Name

18851 N.E. 29<sup>th</sup> Avenue, Suite 900

Aventura, FL 33180

City, State, and 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 608, F.S.

*[Handwritten Signature]*

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

The Limited Liability Company is to be managed by the members and is, therefore, a member managed company.

The Manager is:

Manuel Grosskopf

*[Handwritten Signature of Manuel Grosskopf]*

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

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Manuel Grosskopf

Typed or printed name of signee

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STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE

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