

A 080000000011

(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

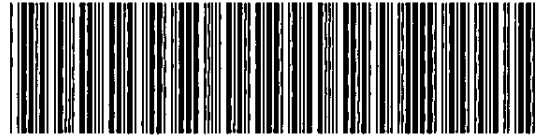
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2008 JAN -3 AM 10:07  
NOT INTERFERED  
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SUFFICIENCY OF FILING  
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PAUL MAHASSEE, FLORIDA  
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B. KOHR

JAN 03 2008

EXAMINER



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January 3, 2008

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Brickell Hotel Group, LLLP

**Filing Evidence**

- Plain/Confirmation Copy
- Certified Copy

**Retrieval Request**

- Photocopy
- Certified Copy

**Type of Document**

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

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 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input checked="" type="checkbox"/>	Other - LP

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Brickell Hotel Group, LLLP  
(Name of Limited Partnership or Limited Liability Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
  
2. 2650 S.W. 27<sup>th</sup> Avenue, Suite 300, Miami, FL 33133  
(Street Address of initial designated office)
  
3. Atrium Registered Agents, Inc.  
(Name of Registered Agent for Service of Process)
  
4. 1500 San Remo Avenue, Suite 125, Coral Gables, Florida, 33146  
(Florida street address for Registered Agent)

5. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Atrium Registered Agents, Inc.

By: \_\_\_\_\_

Vice President

Vice President

6. P.O. Box 330218, Miami, FL 33233  
(Mailing address of the initial designated office)
  
7. If the limited partnership elects to be a limited liability limited partnership check:  
 Yes                       No
  
8. Name and business address of each general partner:

Hospitality Operations, Inc., a Florida corporation  
Attn: Bernard Wolfson, President  
2650 S.W. 27<sup>th</sup> Avenue, Suite 300  
Miami, FL 33133

218831

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9. Effective date, if other than the date of filing: JAN 3, 2008  
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 2<sup>nd</sup> day of January, 2008.

HOSPITALITY OPERATIONS, INC.  
a Florida corporation  
General Partner

By:

  
Bernard Wolfson, President