Division of Corporatio

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CSH SERVICES, LLC

Account Number : 120070000160

Phone Fax Number

(800)494-3124 (561) 455-9885

##FLORIDA/FOREIGN LIMITED LIABILITY CO.

PLAZA AT BRICKELL 3603, LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

PLAZA AT BRICKELL 3603, LLC

ARTICLE II ADDRESS

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

848 BRICKELL KEY DRIVE UNIT 1203

MIAMI, FL 33131

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

CLAUDIO IADE

848 BRICKELL KEY DRIVE UNIT 1203

MIAMI, FL 33131

Having been named as registered agent 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..

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CLAUDIO IADE / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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PLAZA AT BRICKELL 3603, LLC

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

CLAUDIO IADE

848 BRICKELL KEY DRIVE UNIT 1203

MIAMI, FL 33131

MANAGING MEMBER:

FRANCESCO LOVAGLIO

848 BRICKELL KEY DRIVE UNIT 1203

MIAMI, FL 33131

TALLAHASSEE FOORIO

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.

CLAUDIO IADE

Typed or printed name of signee