

L08000094334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

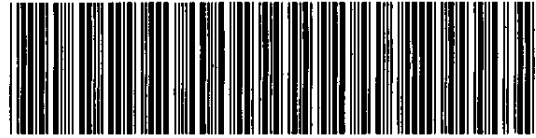
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CB.10-6

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: _____ Brickell 1417, LLC _____

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Piero Rosas

19975 N.E. 10th Place Way

Miami, FL 33179

For further information concerning this matter, please call:

Piero Rosas At **(305) 821-4668** _____

(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 (copy enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (copy enclosed)

Mailing Address Street/Courier Address
Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brickell 1417, LLC

ARTICLE II - Address:

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

Principal Office Address/Mailing Address:

19975 N.E. 10th Place Way

Miami, FL 33179

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

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

Piero Rosas

19975 N.E. 10th Place Way

Miami, FL 33179

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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..



Piero Rosas (Sign)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name/Address:</u>
MGRM:	Piero Rosas 19975 N.E. 10 th Place Way Miami, FL 33179
MGRM:	Vincenzo Pisani 725 N.E. 22 nd Street # 15D Miami, FL 33137

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TALLAHASSEE, FLORIDA

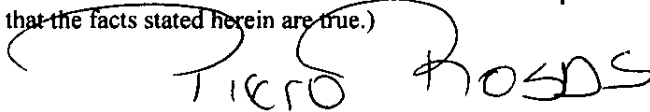
ARTICLE V: Effective date, if other than the date of filing: N/A

REQUIRED SIGNATURE:



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.)



Piero Rosas (Print)

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)