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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : EMPIRE CORPORATE KIT COMPANY
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**FLORIDA LIMITED LIABILITY CO.
ICONBRICKELL 1411, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
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September 14, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: ICONBRICEKLL 1411, LLC
REF: W11000047267

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in filing and resubmit it for processing.

Please make sure the spelling of the name is correct. You have IconBricekll. Is it suppose to be IconBrickell?

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H11000224201
Letter Number: 311AM0021246

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P.O BOX 6327 - Tallahassee, Florida 32314

H 11000224201

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

ICONBRICKELL 1411, LLC

ARTICLE I

The me of the Limited Liability Company shall:

ICONBRICKELL 1411, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which
a limited liability company may be organized pursuant to the Act.

ARTICLE III

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

**1730 MAIN STREET SUITE 226
WESTON, FL 33326**

ARTICLE IV

The name of the Manager(S) and Managing Member(s) shall be:

**MANAGING MEMBER
ARTURO ORTEGA
808 BRICKELL KEY DR. APT 2101
MIAMI, FL 33131**

ARTICLE V

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

**MARIA B. PARJUS
1730 MAIN STREET SUITE 226
WESTON, FL 33326**

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TALLAHASSEE, FLORIDA**

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H11000224701

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

ICONBRICKELL 1411, LLC

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Maria B. Parjus
Registered Agent

Maria B. Parjus
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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MARIA B. PARJUS

Typed or printed name of signee

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