

#/ 13000053256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100245414001

Q4/10/13--01008--015 \*\*125.00

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF THE LEGATION  
2018 APR 10 AM 05:02  
NOTIFICATION  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
13 APR 10 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
APR 11 2013

**CORP DIRECT AGENTS, INC. (formerly CCRS)**  
**515 EAST PARK AVENUE**  
**TALLAHASSEE, FL 32301**  
**222-1173**

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**      **RICKY SOTO**

**DATE:**            **04/10/2013**

**REF. #:**           **8730235**

**CORP. NAME:**   **WEST BRICKELL HOTEL, LLC**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 70000994 FOR \$ 125.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION**

**OF**

**WEST BRICKELL HOTEL, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is WEST BRICKELL HOTEL, LLC (the "Company").

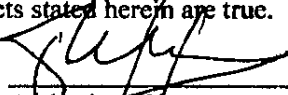
**ARTICLE II - Address**

The mailing address and street address of the principal office of the Company is 2533 SW 19th Avenue, Suite 400, Coconut Grove, FL 33133.

**ARTICLE III - Registered Agent and Office**

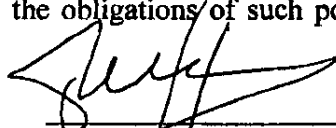
The street address of the Corporation's initial registered office is 2533 SW 19th Avenue, Suite 400, Coconut Grove, FL 33133 and the name of its initial registered agent at such office is Pedro Villar.

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. Dated this 9<sup>th</sup> day of April, 2013.

  
\_\_\_\_\_  
Authorized Signor

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

The undersigned, having been named the Registered Agent of the Company hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Florida Statutes §607.0505.

  
\_\_\_\_\_  
Pedro Villar  
Dated: April 9, 2013

FILED  
13 APR 10 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA