

#L 13000053256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

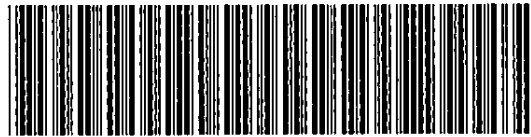
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/10/13--01008--015 **125.00

RECEIVED
DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
2013 APR 10 AM 03:02
TALLAHASSEE, FLORIDA
TO KNOWLEDGE
SUFFICIENCY OF FILING

FILED
13 APR 10 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
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

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

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

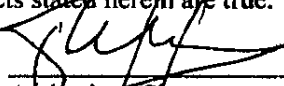
ARTICLE II - Address

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.

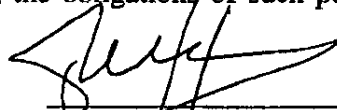
In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. Dated this 9th day of April, 2013.



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