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Division of Corporations

GEOFFREY M. WAYNE, P.A.

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From:
Account Name : GEOFFREY M. WAYNE, P.A.
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Phone : (305) 381-8108
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mfe@abogadomiami.com

FLORIDA LIMITED LIABILITY CO.
My Brickell Properties LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JAN 30 PM 8:29
H14000023846 3**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I - Name:**The name of the Limited Liability Company is: **My Brickell Properties LLC****ARTICLE II- Address:**

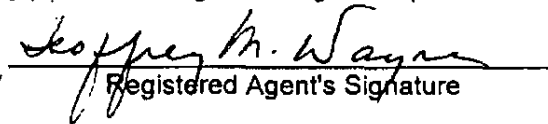
The mailing address and street address of the principal office of the Limited Liability Company is: 135 San Lorenzo Ave., PH 840, Coral Gables, FL 33146

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

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

Geoffrey M. Wayne, Esq.
135 San Lorenzo Ave.,
PH 840
Miami, Florida 33146-1513

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 605, F.S.



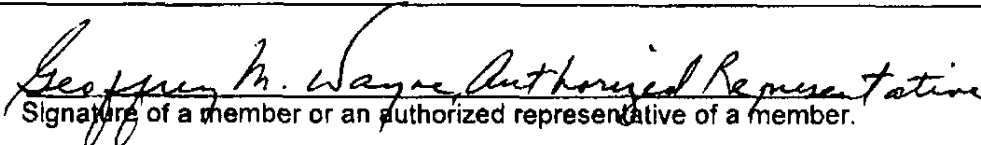
Registered Agent's Signature

ARTICLE IV - Management

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
AMBR/PS

Name and Address:
Haydee Pabon
135 San Lorenzo Ave., PH 840
Coral Gables, FL 33146

ARTICLE V - Effective date, if other than the date of filing: _____**ARTICLE IV - Other Provisions, if any.**


Authorized Representative
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Geoffrey M. Wayne
Typed or printed name of signer

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

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