# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000231937 3)))



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Division of Corporations

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Phone : (561) 997-9223

Fax Number

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## FLORIDA LIMITED LIABILITY CO.

## 1430 Brickell Ventures, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$155.00

OCT - 8 2014

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Electronic Filing Menu Corporate Filing Menu

Help



October 6, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUNT & GROSS, P.A.

SUBJECT: 1430 BRICKELL VENTURES, LLC

REF: W14000060568

2014 OCT -3 AM 9 40

. . .

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.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II FAX Aud. #: H14000231937 Letter Number: 314A00021254



(((H14000231937 3)))

### COVER LETTER

TO:	Registration Division of t	i Section Corporations			
SUBJI	ECT: <u>1430</u>	BRICKELL VENTURES, L	LC		
	Name of Limited Liability Company				
The en	The enclosed Articles of Organization and fee(s) are submitted for filing.		TALL A	2014 OCT -3	
Please	Please return all correspondence concerning this matter to the following:			HASSE TARY	7-3
	Betsy C	Courant		्र द	- 35
			Name of Person	F.C.	04 56 1
	Hunt &	Gross, PA		ا واحد ا المحمد المحمد الم	- 0
			Firm/Company		
	<u>185 NW</u>	<u>Spanish River Blyd., Suite</u>	Address		-
	Boca Ra	iton. FL 33431			<del>_</del>
		(	City/State and Zip Code		
	dale reed@	v-aroup.com			
		E-mail address, (to be use	d for future annual report notifica	ation)	
For fur	ther informatio	n concerning this matter, ple	ase call:		
Dal	e Reed Nam	at (at (_	305 ) 769-3777 Area Code Daytime Te	lephone Number	
Enclose	d is a check fo	r the following amount:			
\$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☑\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclosed)	

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H140002319373)))

(((H140002319373)))

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lun	ited Liability Company is:		
1430 BRICKELL V	ENTURES, LLC		
	(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC")	٠,
ARTICLE II - Addr The mailing address i	****	ipal office of the Limited Liability Company is:	2011/05/1
Principal Office Add	dress:	Mailing Address:	1 1
1221 Brickell Ave Miami, Ft. 33131		_1221 Brickell Avenue, Sulte 660	Š
(The Limited Liability another business enti		own Registered Agent. You must designate an individual or tradition)	
	Dale Reed		
		Name	
	1221 Brickeil Avenue, S Plorida street address (P.C		
	_ Miemi	FL 33131	
	City	Zlp	
the place designate capacity. I further a	ted in this certificate, I hereby t agree to comply with the provis am familiar with and accept to	ept service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this sions of all statutes relating to the proper and complete performance he obligations of my position as registered agent as provided for in Chapter 605, F.S.	

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

	. (((H		14000231937 3))>	
		horized to manage and control the Limited Liability Company:		
	<u>litle:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
	MGR	John Yanopoulos 1221 Brickell Avenue, Suite 660 Mlami, FL 33131		
			RETARY AHASSE	
			er sia	
	(Use attachment if necessary)			
an e	CLE V: Effective date, if other than the date affective date is listed, the date must be spece of filing)	of filing: October 1, 2014 (OPTIONAL) ciffic and cannot be more than five business days prior to or 90	days after	
TIC			<del></del>	
	REQUIRED SIGNATURE;			
	(In accordance with section 60° constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true nation submitted in a document to the Department of State y as provided for in a \$17-155, F.S.)		

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Dale Reed

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