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NAME:

BRICKELL 66 LLC

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	ition Section of Corporations		
SUBJECT: <u>Bri</u> c	ckell 66 LLC Name of Lin	mited Liability Company	
The enclosed Arti	cles of Organization and fee(s) a	re submitted for filing.	
Please return all c	orrespondence concerning this m	natter to the following:	
<u>Juan</u>	Pablo Cappello	Name of Person	
<u>Priva</u>	te Advising Group, PA	Firm/Company	
<u>600 l</u>	Brickell Avenue, Suite 1607	Address	
<u>Miam</u>	ii, FL 33131	City/State and Zip Code	
jp@private-	advising.com E-mail address: (to be use	ed for future annual report notific	ation)
For further inform	nation concerning this matter, ple	ase call:	
Juan Pablo Cap	pello at (_ Name of Person	786) 292-1599 Area Code Daytime Te	lephone Number
Enclosed is a chec	k for the following amount:		
□ \$125.00 Filing Fe	e □\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & 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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

, -	ompany is:		
Brickell 66 LLC			
(Must end with	the words "Limited	Liability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address:			
The mailing address and street addre	ess of the principal of	ffice of the Limited Liability Compa	ny is:
Principal Office Address:		Mailing Address:	
175 SW 7th St Suite 1712		175 SW 7th St Suite 1712	
Miami FL 33130		Miami FL 33130	
another business entity with an activ	ve Florida registratio	•	te an individual or
	ve Florida registratio	n.) agent are:	te an individual or
another business entity with an activ	ress of the registered NRAI Services. Name	agent are:	te an individual or
another business entity with an active The name and the Florida street add	ress of the registered NRAI Services. Name	n.) agent are: inc. ne Island Road	te an individual or
another business entity with an active The name and the Florida street add	ve Florida registration ress of the registered NRAI Services Name	n.) agent are: inc. ne Island Road	te an individual or
another business entity with an active The name and the Florida street add	ress of the registered NRAI Services. Name 1200 South Piret address (P.O. Box	n.) agent are: inc. ne Island Road NOT acceptable)	te an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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SECRETARY OF STATE

Title: "AMBR" = Authorized	l Member	Name and Address:
"MGR" = Manager		
MGR	-	Irisliz Castellano
		175 SW 7th St Suite 1712 Miami Fl. 33130
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SECRETARY OF STATE
ASSEE, FLORIDA