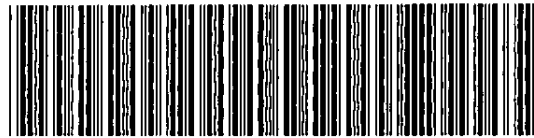


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
REGISTRATION

15 MAY 27 PM 4: 21

NOT IN PROCEED  
TO ACQUIRE  
SUFFICIENT OF FILING

FILED

2015 MAY 27 A 8: 46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 28 2015

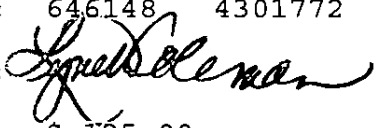
T SCHROEDER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 646148 4301772

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : May 27, 2015

ORDER TIME : 3:21 PM

ORDER NO. : 646148-005

CUSTOMER NO: 4301772

DOMESTIC FILING

NAME: KITON BRICKELL CITY CENTRE,  
LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - EXT. 62974

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KITON BRICKELL CITY CENTRE, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GEORGE M. PAVIA, ESQ.  
Name of Person  
PAVIA & HARCOURT LLP  
Firm/Company  
590 MADISON AVENUE 8TH FLOOR  
Address  
NEW YORK, NEW YORK 10022  
City/State and Zip Code  
CORPORATE@PAVIALAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELINDA LIPSKY                      212                      980-3500  
Name of Person                      at (                      )                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$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 Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KITON BRICKELL CITY CENTRE, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

C/O KITON USA  
4 EAST 54TH STREET  
NEW YORK, NEW YORK 10022

C/O KITON USA  
4 EAST 54TH STREET  
NEW YORK, NEW YORK 10022

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company

Name

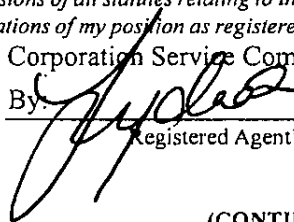
1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee                      Florida                      32301  
City                                      State                                      Zip

*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.*

Corporation Service Company

By:  **Lydia Cohen**  
Asst. Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

**ARTICLE IV-**

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager <u>AMBR</u>	<u>KITON CORPORATION</u> <u>4 EAST 54TH STREET</u> <u>NEW YORK, NEW YORK 10022</u>
<u>MGR</u>	<u>ANTONIO PAONE</u> <u>4 EAST 54TH STREET</u> <u>NEW YORK, NEW YORK 10022</u>
<u>MGR</u>	<u>PASCALE GIUSEPPE IANNETTA</u> <u>4 EAST 54TH STREET</u> <u>NEW YORK, NEW YORK 10022</u>
<u>MGR</u>	<u>LUCA INFANTINO</u> <u>4 EAST 54TH STREET</u> <u>NEW YORK, NEW YORK 10022</u>

(Use attachment if necessary)

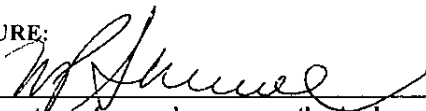
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
 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.)

MERYL P. SHERWOOD, ESQ.  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA