

SEP/02/2015/WED 12:40 PM

9/2/2015

**L1500014744**  
FAX NO. 1  
Division of Corporations

P. 009

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.  
FHA BRICKELL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

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Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**FHA BRICKELL, LLC**

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

**10440 NW 48 STREET  
DORAL, FL 33178**

**Mailing Address:**

**10440 NW 48 STREET  
DORAL, FL 33178**

**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:

**FERNANDO DE CECCHI**

Name

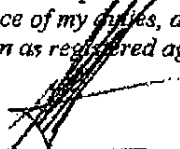
**10440 NW 48 STREET**

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

**DORAL, FL 33178**

City, State, and 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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FL

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"AGRM" = Authorized Member

**Name and Address:**

**AGRM**

**FERNANDO DE CECCHI  
10440 NW 48 STREET  
DORAL, FL 33178**

**AGRM**

**CONSUELO TORRES  
10440 NW 48 STREET  
DORAL, FL 33178**

**AGRM**

**HUMBETO DE CECCHI  
16850 COLLINS AVE STE 112-405  
SUNNY ISLE BEACH, FL 33160**

**AGRM**

**ALEJANDRO LA CORTE  
10710 NW 66 STREET #414  
DORAL, FL 33178**

**AGRM**

**JOSEPHINE DE NICOLAIS  
16850 COLLINS AVE STE 112-405  
SUNNY ISLE BEACH, FL 33160**

**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.)**

**ARTICLE VI: Other provisions, if Any:**

None

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203(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.

**FERNANDO DE CECCHI**

Typed or printed name of signee

**FILED**

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**