



Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000211986 3)))



H150002119863ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
15 SEP -2 PM 2:13

FLORIDA LIMITED LIABILITY CO.
FHA BRICKELL, LLC

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

FILED
15 SEP -2 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

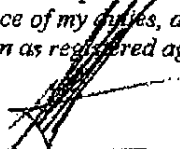
The name and the Florida street address of the registered agent are:

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)

15 SEP - 2 AM '15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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
15 SEP -2 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA