## 0002

(Re	equestor's Name)	
(Ac	ldress)	
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## COVER LETTER

	w Filing Section vision of Corporations
CUD HYT.	33131 Brickell Investments LLC
SUBJECT:	Name of Limited Liability Company
The encloses	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	Manuel J. Vadillo, Esq.
-	Name of Person
	Sanchez Vadillo LLP
-	Firm/Company
	1200 Brickell Avenue, Suite 1480
-	Address
	Miami, FL 33131
	City/State and Zip Code  11 Vadillo@svlawus.com
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
:	Manuel J. Vadillo 305 436-1410
<del>-</del>	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327

Tallahassec, FL 32314

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 Liabili	ty Company is			
33131 Brickell Inves (Must cont	stments LLC ain the words "Limited L	iability Company	, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limite	d Liability Company is:	
Princip	al Office Address:		Mailing Address:	
1200 Brickell Avent Miami, FL 33131	ic, Suite 1480		00 Brickell Avenue, Suite 1480 ami, FL 33131	
another business entity with an The name and the Florida street		agent are:		
		Name		
	1200 Brickell Ave, Su Florida street address		acceptable)	
	Miami	FL 33131	· · · · · · · · · · · · · · · · · · ·	
	City	State	Zip	
place designated in this certificate further agree to comply with the D	. I hereby accept the appo rovisions of all statutes re	iniment as registe lating to the prop	the above stated limited liability compo ered agent and agree to act in this cap er and complete performance of my di the provided for in Chapter 605, F.S	acity. T uties, and L

(CONTINUED)

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ALPANASSEE FLORIF

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Paul Ortega
	1200 Brickell Avenue, Suite 1480
	Miami, FL 33131
<u></u>	
(Use attachment if necessary)	
(Use attachment if necessary)  18 V: Ettastica date if other than the date of filli	ner . (OPTIONAL.
LE V: Effective date, if other than the date of filia	ng: (OPTIONAL. and cannot be more than five business days prior to or 90 d.
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Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)