L20000137989

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	,



100345367701

05/27/20--01021--005 **125.00



RECEIVED

2020 MAY 27 MAII: 58

VECTOR

.. 28 2020 . _{Erampley}

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BRICKELL MANSION	N INVESTM	ENTS, LLC		
				
			· 	
	· · · · · · · · · · · · · · · · · · ·		An	of Inc. File
<u> </u>				D Partnership File
				reign Corp. File
			_	C. File
				ritious Name File
				ade/Service Mark
				erger File
			<u> </u>	1. of Amend. File
				A Resignation
				issolution / Withdrawal
				nnual Report / Reinstatement
				ert. Copy
				1010 Сору
				ertificate of Good Standing
				enificate of Status
				ertificate of Fictitious Name
			c	orp Record Search
		J		fficer Search
			i ———	ictitious Search
	<u>_</u>		F	ictitious Owner Search
Signature			v	ehicle Search
				Oriving Record
Requested by: SETH				JCC 1 or 3 File
	05/27/20		\	JCC [1] Search
Name	Date	Time	ι	JCC Retrieval
Walk-In	Will Pick Up		0	Courier

COVER LETTER

	New Filing Section Division of Corporations
SUBJEC	Brickell Mansion Investments, LLC
	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Joel Piotrkowski
	Name of Person
	Green & Piotrkowski, PLLC
	Firm/Company
	317 - 71st Street
	Address
	Miami Beach, FL 33141
	City/State and Zip Code joel@gkppa.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Joel Piotrkowski 305 865-4314
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	Siting Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	MANSION INVESTMENTS, LLC		
(Mu	st contain the words "Limited Lia	ibility Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and s	treet address of the principal offic	ce of the Limited	f Liability Company is:
<u>P</u>	rincipal Office Address:		Mailing Address:
210 - 71 Stree	- 		· - · · · · · · · · · · · · · · · · · ·
Suite 309			- 71st Street
		<u></u>	te 309
Miami Beach,	FL 33141	Mia	mi Beach, FL 33141
ARTICLE III - Register (The Limited Liability Co another business entity wi	ed Agent, Registered Office, & I mpany cannot serve as its own Re ith an active Florida registration.)	Registered Age	nt's Signature: You must designate an individual or
ARTICLE III - Register (The Limited Liability Co another business entity wi	ed Agent, Registered Office, & I mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag	Registered Age	nt's Signature
ARTICLE III - Register (The Limited Liability Co another business entity wi	ed Agent, Registered Office, & I mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag Joel S. Piotrkowski	Registered Age	nt's Signature
ARTICLE III - Register (The Limited Liability Co another business entity wi	ed Agent, Registered Office, & I mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag Joel S. Piotrkowski	Registered Age gistered Agent. ent are:	nt's Signature
ARTICLE III - Register (The Limited Liability Co another business entity wi	ed Agent, Registered Office, & I mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag Joel S. Piotrkowski	Registered Agent. gistered Agent. ent are:	nt's Signature: You must designate an individual or
ARTICLE III - Register (The Limited Liability Co another business entity wi	ed Agent, Registered Office, & I mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag Joel S. Piotrkowski N 317 - 71st Street	Registered Agent. gistered Agent. ent are:	nt's Signature: You must designate an individual or

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 BAY 27 AH 11: 58

Title: "AMBR" = Authorized Meπ "MGR" = Manager	Name and Address;
MGR	Haim Yehezkel
	210 - 71st Street, Suite 309
	Miami Beach, FL 33141
	
(Use attachment if necessary) LE V: Effective date, if other th	the date of filing:
LE V: Effective date, if other the fective date is listed, the date is of filing.)	the date of filing:
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block iment's effective date on the D	est be specific and cannot be more than five business days prior to or 90 di
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block iment's effective date on the D	est be specific and cannot be more than five business days prior to or 90 di
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block ament's effective date on the D LE VI: Other provisions, if any. REQUIRED SIGNATURE:	of a member or an authorized Engreeontative of a member or an authorized Engreeontative of a member of an authorized Engreeontative of a member or an authorized Engreeontative of a member of an authorized Engreeontative of a member of
LE V: Effective date, if other the fective date is listed, the date of filing.) If the date inserted in this block ament's effective date on the D LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document	of a member or an authorized representative of a member.
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block ament's effective date on the D LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document am aware the	est be specific and cannot be more than five business days prior to or 90 dispersion of the applicable statutory filing requirements, this date will not be artiment of State's records.

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)