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CAPITAL CONNECTION, INC.

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LANA BRICKELL	LLC		
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			Art of Inc. File
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			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
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Signature			Vehicle Search
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	06/09/21		UCC 11 Search
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: LANA BRICKELL LLC	ARTICLE I - Name:					
(Must contain 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: Mailing Address:	The name of the Limited Liabilit	y Company is:				
(Must contain 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: Mailing Address:						
ARTICLE 11 - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:	LANA BR	ICKELL LLC				
Principal Office Address: Nailing Address	(Must conta	ain the words "Limited Li	ability Company, "	L.L.C.," or "LLC.")		
Principal Office Address: Nailing Address						
Principal Office Address: 104 CRANDON BLVD, STE 415 KEY BISCAYNE, FL 33149 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: DOLORES URDAPILLETA Name		ldrose of the neinvinal off	ice of the Limited 1	iability Company is:		
104 CRANDON BLVD, STE 415 KEY BISCAYNE, FL 33149 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: DOLORES URDAPILLETA Name 104 CRANDON BLVD, STE 415 Florida street address (P.O. Box NOT acceptable) KEY BISCAYNE FLORIDA 33149 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.	The maining address and sireet at	ratess of the principal of	ice of the isinifed E	Salariny Company is:		
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			- Julians Ilab	٩.		
Registered Agent's Signature (REQUIRED)				<u></u>		
		Registe	red Agent's Signatu	re (REQUIRED)		
(CONTINUED)			(CONTINUED)			



ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	DOLORES URDAPILLETA 104 CRANDON BLVD, STE 415
	KEY BISCAYNE, FL 33149
	101 01001111111111111111111111111111111
	
(Use attachment if necessary)	
•	
ARTICLE V: Effective date, if other than the	e 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.)	
	not meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Depart	ment of State's records.
ARTICLE VI: Other provisions, if any,	
•	
REOUIRED SIGNATURE:	C
	Musephala
Signatura	f a member or an authorized representative of a member.
This document is	executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that an	v 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.
DOLORES	TIDISADII I ETA
DOLORES	Typed or printed name of signee
	Then or himse units of others