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.

(((H22000293782 3)))



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 : ALLSTATE CORPORATE SERVICES CORP

Account Number : I2004000031 Phone : (800)906-9220 Fax Number : (800)906-9880

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

Email Address:

FLORIDA LIMITED LIABILITY CO. Brickell Jade Holdings, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

(((HZ20002937823)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLESOF | ORGANIZATION FOR | CPLUNUDA LIMITIED | LIABILITY COMPANY |
|---|---------------------------------|---------------------------|--|
| ARTICLE I - Name: The name of the Limited Liability | Company is: | | |
| Brickell Jade Holding | s, LLC in the words "Limited | Lishility Company | of I C "or "I C ") |
| ARTICLE II - Address: | or ore words Limited | Liaomiy Company, | b.b.c., or bbc.) |
| The mailing address and street ad | dress of the principal | office of the Limited | Liability Company is: |
| Principa | 1 Office Address: | | Mailing Address: |
| 1331 Brickell Bay Dr Miami, FL 33131 | ive, # 1706 | | Brickell Bay Drive, # 1706 ni, FL 33131 |
| ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a | cannot serve as its ow | n Registered Agent. | nt's Signature: You must designate an individual or |
| The name and the Florida street a | ddress of the registere | d agent are: | |
| | | Daniel Divitto | |
| | | Name | |
| • | 331 Brickell Bay Dr | ive, # 1706 | |
| | Florida street addre | ss (P.O. Box <u>NOT</u> a | cceptable) |
| | Miami | PL | 33131 |
| | 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..

Paniel Divitto
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 AUG 30 AM 8: 08

| Title: "AMBR" = Authorized M | Name and Address: Aember | |
|--|--|--|
| "MGR" = Manager | | |
| AMBR | Daniel Divitto 1331 Brickell Bay Drive, #1706 Miami, FL 33131 | |
| AMBR | Mcg Divitto 1331 Brickell Bay Drive, # 1706 Miami, FL 33131 | |
| | | |
| | | |
| | | |
| | | |
| ective date is listed, the d of filing.) | eary) there than the date of filing: (OPTI late must be specific and cannot be more than five business days p | rior to or 90 days |
| EV: Effective date, if oth fective date is listed, the doffiling.) If the date inserted in this b | er than the date of filing: | rior to or 90 days |
| EV: Effective date, if oth fective date is listed, the dof filing.) If the date inserted in this be ment's effective date on the EVI: Other provisions, if | er than the date of filing: | rior to or 90 days |
| EV: Effective date, if oth ective date is listed, the dof filing.) The date inserted in this be ment's effective date on the EVI: Other provisions, if | per than the date of filing: | rior to or 90 days |
| EV: Effective date, if oth fective date is listed, the dof filing.) If the date inserted in this be ment's effective date on the EVI: Other provisions, if | per than the date of filing: | rior to or 90 days |
| EV: Effective date, if oth fective date is listed, the dof filing.) The date inserted in this be ment's effective date on the EVI: Other provisions, if REQUIRED SIGNATU Signature of the second of | per than the date of filing: | er. ida Statutes, nent of State |
| EV: Effective date, if oth sective date is listed, the doffiling.) If the date inserted in this between the date on the ment's effective date on the EVI: Other provisions, if REQUIRED SIGNATU Signature of the mean the section of the date of the section of the | per than the date of filing: | erior to or 90 days date will not be lis |