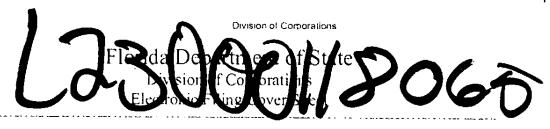
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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: RAJ@ACCTAXLLC.COM

FLORIDA LIMITED LIABILITY CO. ICON BRICKELL LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: ICON BRICKELL LLC (Must end with 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:

5601 COLLINS AVENUE, APT 1609

MIAMI BEACH, FL 33140

5601 COLLINS AVENUE, APT 1609

MIAMI BEACH, FL 33140

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:

OUALID HAMMAMI	
Nam	e
5601 COLLINS AVENU	IE, APT 1609
Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)
MIAMI BEACH	FL 33140
City	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 & Signature (REQUIRED)

OUALID HAMMAMI

(CONTINUED)

Page 1 of 2

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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	OUALID HAMMAMI
	505 WEST 37TH STREET, APT 31B NEW YORK, NY 10018
AMBR	ANIS OUESLATI
	156 EAST 2ND STREET, APT 3 NEW YORK, NY 10009
(Use attachment if necessary)	
f an effective date is listed, the date must be specifi	iling:
f an effective date is listed, the date must be specifi ne date of filing.)	iling:
f an effective date is listed, the date must be specifice date of filing.) RTICLE VI: Other provisions, if any.	Tiling:
f an effective date is listed, the date must be specifi se date of filing.)	ic and cannot be more than five business days prior to or 90 days af
RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605, constitutes an affirmation under 1 am aware that any false inform	C and cannot be more than five business days prior to or 90 days af