

625000058610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

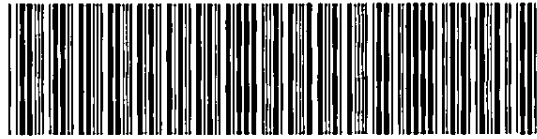
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2008 FEB 12 PM 3:47

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115

CAPITAL CONNECTION, INC.

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

Brickell Resto Venture LLC

Please Debit FCA000000003 For: 130

Thank you Seth Neeley

_____	Art of Inc. File_____	03	11
_____	LTD Partnership File_____	03	11
_____	Foreign Corp. File_____	03	11
<input checked="" type="checkbox"/>	L.C. File_____	03	11
_____	Fictitious Name File_____		
_____	Trade/Service Mark_____		
_____	Merger File_____		
_____	Art. of Amend. File_____		
_____	RA Resignation_____		
_____	Dissolution / Withdrawal_____		
_____	Annual Report / Reinstatement_____		
_____	Cert. Copy_____		
_____	Photo Copy_____		
<input checked="" type="checkbox"/>	Certificate of Good Standing_____		
_____	Certificate of Status_____		
_____	Certificate of Fictitious Name_____		
_____	Corp Record Search_____		
_____	Officer Search_____		
_____	Fictitious Search_____		
_____	Fictitious Owner Search_____		
_____	Vehicle Search_____		
_____	Driving Record_____		
_____	UCC 1 or 3 File_____		
_____	UCC 11 Search_____		
_____	UCC 11 Retrieval_____		
_____	Courier_____		

Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRICKELL RESTO VENTURE LLC

(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:

255 ARAGON AVENUE, 2ND FLOOR
CORAL GABLES, FL 33134

Mailing Address:

255 ARAGON AVENUE, 2ND FLOOR
CORAL GABLES, FL 33134

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:

ABITOS ADVISORS LLC

Name

255 ARAGON AVENUE, 2ND FLOOR

Florida street address (P.O. Box ~~NOT~~ acceptable)

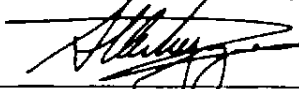
CORAL GABLES FLORIDA 33134

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" – Authorized Member

"MGR" – Manager

Name and Address:

MGR

KEVIN WAISSMANN
255 ARAGON AVENUE, 2ND FLOOR
CORAL GABLES, FL 33134

(Use attachment if necessary)

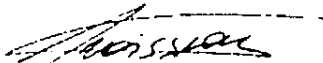
ARTICLE V: Effective date, if other than the date of filing: 02/11/2025 (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of 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 any 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.

KEVIN WAISSMANN

Typed or printed name of signee