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Florida Department of State  
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TALLAHASSEE, FLORIDA

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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

AL

**LIMITED LIABILITY COMPANY**

**BF AT ALLAMANDA, LLC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION**

**FOR**

**BF AT ALLAMANDA, LLC**

**ARTICLE I. - NAME:**

The name of this Limited Liability Company ("Company") shall be:

**BF AT ALLAMANDA, LLC**

**ARTICLE II. - ADDRESS**

The mailing address and street address of the principal office of the Company is:  
2901 SW 8 Street, Suite 204, Miami, Florida 33135.

**ARTICLE III. - DURATION**

The period of duration for the Company shall be perpetual unless dissolved according to law.

**ARTICLE IV. - MANAGEMENT**

The Company is to be managed by: a manager or managers and the name(s) and address of such manager is:

Jose R. Boschetti  
2901 SW 8 Street, Suite 204  
Miami, Florida 33135

**ARTICLE V. - ADMISSION OF ADDITIONAL MEMBERS**

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

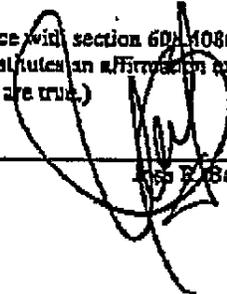
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**ARTICLE VI. - MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall be determined by a unanimous vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.

(In accordance with section 604.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
\_\_\_\_\_  
Miss E. Boschetti, Manager

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is:

**BF AT ALLAMANDA, LLC**

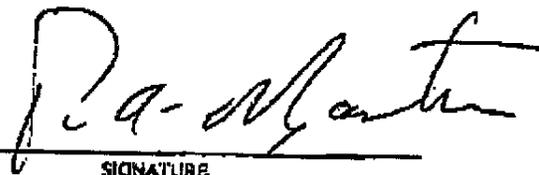
- 2. The name and the Florida street address of the registered agent are:

**PEDRO A. MARTIN, ESQ.**  
NAME

**Greenberg Traurig, P.A.**  
**1221 Brickell Avenue, Suite 2100**  
Florida street address (P.O. BOX NOT ACCEPTABLE)

**Miami, Florida 33131**  
CITY, STATE AND 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.*

  
SIGNATURE

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