

MAY/19/2016/THU 04:39 PM

FAX No.

P. 001

5/16/2016

Honor
date 5/16/2016

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Florida Department of State
Division of Corporations
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16 MAY 16 AM 8:40
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16 MAY 19 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
BASCO MIAMI INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

MAY 20 2016

T. SCOTT

MAY/19/2016/THU 04:39 PM

FAX No.

P. 002

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BASCO MIAMI INVESTMENTS 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:

1555 N TREASURE DRIVE #512

NORTH BAY VILLAGE, FL 33141

1555 N TREASURE DRIVE #512

NORTH BAY VILLAGE, FL 33141

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:

GIL GUADALUPE

Name

1555 N TREASURE DRIVE #512

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

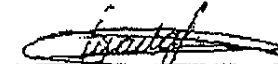
NORTH BAY VILLAGE

FL 33141

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's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

GIL GUADALPI

1555 N TREASURE DRIVE #512

NORTH BAY VILLAGE, FL 33141

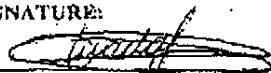
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the 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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (f) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

GIL GUADALPI

Typed or printed name of signer