

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

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From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954)761-2910
Fax Number : (954)764-4996

LIMITED LIABILITY COMPANY**The Boccarassa Group, Inc.**

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|-----------------------|----------|
| Certificate of Status | 0 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 23 PM 4: 01

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**ARTICLES OF ORGANIZATION
OF
THE BOCCARASSA GROUP, LLC
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is The BOCCARASSA GROUP, LLC. (the "Company").

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 2701 PONCE DE LEON BLVD., SUITE 202, CORAL GABLES, FL 33134.

3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Certification of Designation of Registered Agent/Registered Office accompanies these Articles of Organization is: William Castano, 2701 Ponce de Leon Blvd., Suite 202, Coral Gables, FL 33134.

4. MANAGEMENT. The business of the limited liability company shall be managed by one or more members and is, therefore, a member-managed company.

The undersigned has executed these Articles of Organization on the 17th day of May, 2000.

By: 

P. Tristan Bourgoignie

Authorized signatory of the Members

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**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: The Boccarassa Group, LLC.
2. The name and address of the registered agent and office is:

William Castano
2701 Ponce de Leon Blvd.
Suite 202
Coral Gables, FL 33134

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 its 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.



William Castano

05/17/00

Date

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