

# L01000021283

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

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**To:**

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

**From:**

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

## LIMITED LIABILITY COMPANY

BP # ONE LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 DEC 10

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01 DEC 10 11:12  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**BP # ONE LLC**

**ARTICLE II-Address:**

The mailing address and Street address of the principal office of the Limited Liability Company is:

**3390 NW 168 ST  
MIAMI, FL 33056**

**ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature:**


The name and the Florida Street address of the registered agent are:

Ballestas and Associates, Inc.  
Name

7730 S.W. 68 Terrace  
Florida street address

Miami, Florida 33143  
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 as provided for in Chapter 608, FS.*

  
\_\_\_\_\_  
Registered Agent's Signature

*PRESIDENT OF BALLESTAS & ASSOCIATES, INC.*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC 10

Achilles Ballestas, Authorized Representative  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ACHILLES BALLESTAS

typed or printed name of signer

STATE OF FLORIDA:

: S.S.:

COUNTY OF MIAMI DADE:

BEFORE ME, the undersigned authority, personally appeared:

**ACHILLES BALLESTAS**

To me well known and known to me to be the individuals described, and who executed the foregoing Articles of Organization, and Who acknowledged before me that the same was executed for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto affixed my hand and Official Seal at Miami, Miami-Dade County, Florida.

Date: This day of, 7<sup>th</sup> November 2001.

Dalia Torga  
Notary Public, State of Florida at Large

My commission expires:



Dalia Torga  
Commission # CG 904801  
Expires Feb. 27, 2004  
Bonded Thru  
Allstate Bonding Co., Inc.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 *Cecille Ballester, President of BALLESTAS & ASSOCIATES, INC.*  
\_\_\_\_\_  
Registered Agent's Signature

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Achilles Ballestas, Authorized Representative  
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