

# Ld000002/298

Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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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 \$ THREE LLC**

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

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**BP # THREE 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*

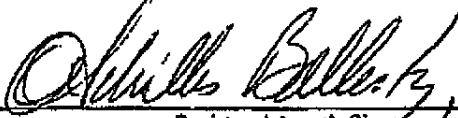
**7730 S.W. 68 Terrace**

*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.*

 **PRESIDENT BALLESTAS & ASSOCIATES, INC.**  
Registered Agent's Signature

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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 signee

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 # CC 904801  
Expires Feb. 27, 2004  
Bonded Thru  
Atlantic Bonding Co., Inc.

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