MVISION OF CORPORATION

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Torida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

305 541 3770 P.01/04

Account Number: 072450003255

Account Name : EMPIRE CORPORATE KIT COMPANY

Phone

: (305)634-3694

Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

BF GROVE, LLC

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Certificate of Status	0
Certified Copy	1
Page Count	
Estimated Charge	U4
grande Charge	\$155.00

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ARTICLES OF ORGANIZATION

FOR

BF GROVE, LLC

ARTICLE I. - NAME:

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

BF GROVE, 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 unsolutious voik of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.

Signature of a member of an authorized representative of a member

(In accordance with section 608.408(3), Ploride Statutes, the execution of this affidavit constitutes an afficuration under the parallels of perjuty that the facus stated herein are true.)

Jose R. Boschetti
Authorized Agent

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DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS

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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.

The name of the limited liability company is:

BF GROVE, LLC

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

PEDRO A. MARTIN, ESO. 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 and

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