

**L03000006716**

**Florida Department of State  
Division of Corporations  
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**To:**  
Division of Corporations  
Fax Number : (850) 205-0383

**From:**  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
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**RECEIVED****03 FEB 24 PM 12:51****DIVISION OF CORPORATION****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA****03 FEB 24 PM 3:32****FILED****LIMITED LIABILITY COMPANY****BF AT 836 PONCE, LLC**

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**ARTICLES OF ORGANIZATION**

**FOR**

**BF AT 836 PONCE, LLC**

**ARTICLE I. - NAME:**

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

**BF AT 836 PONCE, 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**

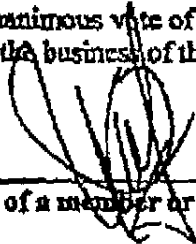
The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

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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 unanimous vote 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 or an authorized representative of a member

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

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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.

1. The name of the limited liability company is:

BF AT 836 PONCE, LLC

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

PEDRO A. MARTIN, ESQ.

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

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