

**LD3000034236**

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  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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03 SEP 10 AM 10:33  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

bc 77 acres, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

APPROVED  
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03 SEP 10 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-10-03

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**ARTICLES OF ORGANIZATION**

**FOR**

**BC 77 ACRES, LLC**

**ARTICLE I - NAME:**

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

**BC 77 ACRES, LLC**

**ARTICLE I. - ADDRESS**

The mailing address and street address of the principal office of the Company is:  
2901 SW 8<sup>th</sup> Street Suite #203 Miami, Florida 33135

**ARTICLE II. - DURATION**

The period of duration for the Company shall be perpetual unless dissolved according to law.

**ARTICLE III. - MANAGEMENT**

The Company is to be managed by: a manager or managers and the name(s) and address of such manager is:

Martin Caparros, Jr.  
5779 NW 151st Street  
Miami Lakes, Florida 33014

And

Jose R. Boschetti  
2901 SW 8 Street, Suite 204  
Miami, Florida 33135



\_\_\_\_\_, Dated September 9, 2003  
Signature of a member or an authorized representative of a member

(In accordance with section 603.408(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:

BC 77 ACRES, LLC

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

JOSE R. BOSCHETTI

NAME


2901 S.W. 8 Street, Suite 203

Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33135

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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