

**L03000045087**

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

**LIMITED LIABILITY COMPANY**

bc villa del sol, llc

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**11-18-03**

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ARTICLES OF ORGANIZATION

FOR

BC VILLA DEL SOL, LLC

ARTICLE I - NAME:

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

BC VILLA DEL SOL, LLC

ARTICLE I. - ADDRESS

The mailing address and street address of the principal office of the Company is:  
5779 NW 151st Street, Miami Lakes, Florida 33014

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

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

  
\_\_\_\_\_  
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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TOTAL P.03

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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 VILLA DEL SOL, LLC
2. The name and the Florida street address of the registered agent are:

JOSE R. BOSCHETTI  
NAME

2901 S.W. 8 Street, Suite 204

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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DADE COUNTY, FLORIDA