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To:

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Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
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LIMITED LIABILITY COMPANY

BCP DADELAND, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF ORGANIZATION

FOR

BCP DADELAND, LLC

ARTICLE I - NAME:

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

BCP DADELAND, LLC

ARTICLE II. - ADDRESS

The mailing address and street address 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 manger or managers and the name(s) and address(es) of such manager is:

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

Luis 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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**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:

BCP DADELAND, LLC

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

JOSE R. BOSCHETTI

NAME

2901 SW 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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