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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

RECEIVED
04 JUL 13 AM 7:55
DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

bc savoy, llc

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

3

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ARTICLES OF ORGANIZATION

FOR

BC SAVOY, LLC

ARTICLE I. - NAME:

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

BC SAVOY, LLC

ARTICLE I. - 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 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.
14160 Palmetto Frontage Road Suite 21
Miami Lakes, FL 33016

And

Jose 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 605.401(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 SAVOY, 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

04 JUL 2004 AM 8:57
STATE OF FLORIDA
TALLAHASSEE

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