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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

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DIVISION OF CORPORATIONS

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**LIMITED LIABILITY COMPANY**

bc kissimmee 392, llc

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION**

**FOR**

**BC KISSIMMEE 392, LLC**

**ARTICLE I - NAME:**

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

**BC KISSIMMEE 392, 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 Caparrros, 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 authorized representative of a member  
(In accordance with section 605.408(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:

**BC KISSIMMEE 392, 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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