

L040000 6/1/00 FILED

2004 AUG 16 P 1:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA



000040115730

08/16/04--01052--004 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AL

Office Use Only

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2004 AUG 16 P 1:08

SUBJECT: BCLS Land Company, LLC SECRETARY OF STATE
(Name of Limited Liability Company) TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Malinda Doto

(Name of Person)

(Firm/Company)

26145 SW 194 Avenue

(Address)

Homestead, FL 33031

(City/State and Zip Code)

For further information concerning this matter, please call:

angela Delli Veneri at 305, 345-1054

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED

2004 AUG 16 P 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

BCLS Land Company, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

26145 SW 194 avenue
Homestead,
FL 33031

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

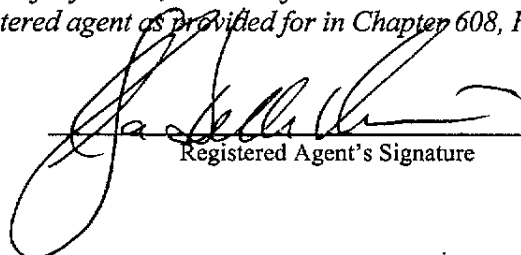
The name and the Florida street address of the registered agent are:

Angela Delli Veneri
Name

622 SW 5th Avenue
Florida street address (P.O. Box **NOT** acceptable)

Florida City, FLORIDA 33034
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 as provided for in Chapter 608, Florida Statutes..



Registered Agent's Signature

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

2004 AUG 16 P 1:08

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Robbie Bishop
19340 SW 280 Street
Homestead, FL 33031

MGRM

Kern Carpenter
26460 SW 202 Avenue
Homestead, FL 33031

MGRM

Angela Delli Veneri
27825 SW 168 Court
Homestead, FL 33031

MGRM

Michael Causley
26145 SW 194 Avenue
Homestead, FL 33031

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Angela Delli Veneri

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)