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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

bc 243 fort lauderdale, llc

Lc 02/11/05

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION

FOR

BC 243 FORT LAUDERDALE, LLC

ARTICLE I. - NAME:

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

BC 243 FORT LAUDERDALE, LLC

ARTICLE I. - ADDRESS

The mailing address and street address of the principal office of the Company is:
2159 Coral Way, Suite B, Miami, Florida 33145.

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
2159 Coral Way, Suite B
Miami, Florida 33145



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:

BC 243 FORT LAUDERDALE, LLC

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

JOSE R. BOSCHETTI

NAME

2159 Coral Way, Suite B

Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33145

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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