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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

DIVISION OF CORPORATION

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L102/24/05

**LIMITED LIABILITY COMPANY**

**pensacola 240, llc**

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

FOR

PENSACOLA 240, LLC

ARTICLE I - NAME:

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

PENSACOLA 240, 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:

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:

**PENSACOLA 240, 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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TALLAHASSEE, FLORIDA

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