Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

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Certificate of Status	
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ARTICLES OF ORGANIZATION

FOR

BC MISSION, LLC

ARTICLE 1. - NAME:

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

BC MISSION, LLC

ARTICLE 2. - ADDRESS

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

ARTICLE 3. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE 4. - 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 Mizmi, Florida 32145

Signature of a member or an authorized representative of a member th accordance with section 508.408(3), Florida Statues, the execution of this affidava constitutes an affirmation under the penalties of perjury that the facts stated herein are tree.)

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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 MISSION, LLC

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

JOSE R. BOSCHETTI.

2159 Coral Way, Suite B

Plorida 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 service to act in this capacity. I further agrae to could with the provisions of all statutes relating to the proper and complete performance of my duties, and from familiar with and accept the obligations of my position as registered agent.

MONATURE

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