

L05000061493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

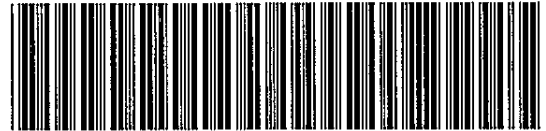
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*[Handwritten signature]*

Office Use Only



200056339102

06/22/05--01001--015 \*\*155.00

**FILED**  
05 JUN 21 PM 5:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**RECEIVED**  
05 JUN 21 PM 4:47  
TALLAHASSEE, FLORIDA

CORPUS DIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRACY SPEAR  
DATE: 06/21/05  
REF. #: 000150.39385  
CORP. NAME: BC PENSACOLA, LLC

FILED  
05 JUN 21 PM 5:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 513072 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

FILED  
05 JUN 21 PM 5:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**

**FOR**

**BC PENSACOLA, LLC**

**ARTICLE 1. - NAME:**

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

**BC PENSACOLA, 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.

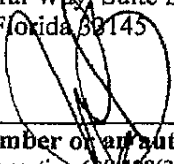
**ARTICLE 4. - MANAGEMENT**

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  
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.)

**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 PENSACOLA, 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