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Division of Corporations

: (850)205-0383 Fax Number

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone Fax Number : (305)633-9696

# LIMITED LIABILITY COMPANY

## boschetti capital partners III, llc

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Corporate Filing

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# (4)

### ARTICLES OF ORGANIZATION

### FOR

### BOSCHETTI CAPITAL PARTNERS III, LLC

ARTICLE 1. - NAME:

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

BOSCHETTI CAPITAL PARTNERS III, LLC

### ARTICLE 2. - ADDRESS

The mailing address and street address of the principal office of the Company is: 1200 Ponce de Leon Blvd., Coral Gables, Plorida 33134.

### 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:

Jose R. Boschetti 1200 Ponce de Leon Blvd. Miami, Florida 33134

Luis R. Boschetti 1200 Ponce de Leon Blvd. Miami, Florida 33134

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### ARTICLE 5. - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

### ARTICLE 6. - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall

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be: determined by a unanimous vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.

Signature of a member of an authorized representative of a member

(In accordance with section 604/408(3), Florida Stanues, the execution of this affidavit constitutes an affirmation under the penalties of paritry 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.

I. The name of the limited liability company is:

BOSCHETTI CAPITAL PARTNERS III, LLC

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

JOSE R. BOSCHETTI NAME

1200 Ponce de Leon Blvd.

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

Miami, Florida 33134 CITY, STATE AND 2IP

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 complete 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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