

L05000093335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

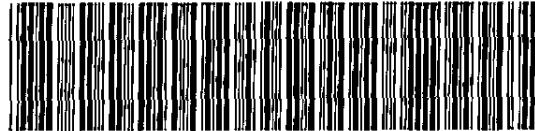
(Document Number)

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09/23/05--01003--010 \*\*160.00

RECEIVED  
FALLDAKES INC. FLORIDA

05 SEP 22 AM 8:31

05 SEP 22 PM 4:55

RECEIVED

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** TRACY SPEAR

**DATE:** 09/22/05

**REF. #:** 000150.42590

**CORP. NAME:** BC/FALCON MALIBU LAKES, LLC

- |  |   |   |
|--|---|---|
| <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#** 514312 **FOR \$** 160.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

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

**PLEASE RETURN:**

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

Examiner's Initials

**ARTICLES OF ORGANIZATION  
FOR  
BC/FALCON MALIBU LAKES, LLC**

**ARTICLE 1. - NAME:**

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

BC/FALCON MALIBU LAKES, LLC

**ARTICLE 2. - ADDRESS**

The mailing address and street address of the principal office of the Company is:  
1200 Ponce De Leon Blvd., 1<sup>st</sup> Floor, Coral Gables, Florida 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 one of its members, and is therefore a member-managed company, and the name(s) and address of such manager is:

BC MALIBU LAKES, LLC  
1200 Ponce De Leon Blvd., 1<sup>st</sup> Floor  
Coral Gables, Florida 33134

**ARTICLE 5. - ADMISSION OF ADDITIONAL MEMBERS**

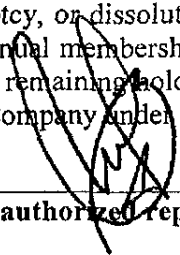
The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

FILED  
05 SEP 22 AM 8:31  
CLERK OF DISTRICT COURT  
MILLER COUNTY, FLORIDA

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**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 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 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/FALCON MALIBU LAKES, LLC

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

JOSE R. BOSCHETTI

NAME

1200 Ponce De Leon Blvd., 1<sup>st</sup> Floor

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

Coral Gables, Florida 33134

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