

L 05006105587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

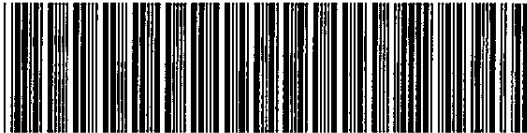
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10/28/05--01043--002 \*\*185.00

STATE  
TALLAHASSEE, FLORIDA

05 OCT 28 PM 2:57

FILED

DIVISION OF REGISTRATION

05 OCT 28 PM 1:43

RECEIVED

CORPDIRECT AGENTS, INC. (formerly CCRS)  
15 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
22-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 10-28-05

REF. #: 000409.43883

CORP. NAME: BC TOWER 8, LLC

FILED  
OCT 28 PM 2:58  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

<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# 514796 FOR \$ 185.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

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

PLEASE RETURN:

☒ CERTIFIED COPY - NEED TWO PLEASE.

☐ PLAIN STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
BC TOWER 8, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: BC TOWER 8, LLC

**ARTICLE II: - Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

c/o Akerman Senterfitt, One S.E. Third Avenue, 28<sup>th</sup> Floor, Miami, Florida 33131

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, Florida 32301**

*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 as provided for in Chapter 608, F.S.*

CorpDirect Agents, Inc.

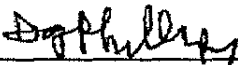
By:

Name: Patricia Tadlock

Title: Assistant Secretary

**ARTICLE IV: - Management**

☒ The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager - managed company.

  
\_\_\_\_\_  
David Phillips, Manager  
Authorized Representative

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David Phillips  
\_\_\_\_\_  
Typed or printed name of signer

**FILED**  
05 OCT 28 PM 2:51  
TALLAHASSEE, FLORIDA  
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