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Florida Department of State
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To:
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Fax Number : (850)617-6383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

bci ethanol llc

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N. Culligan SEP - 3 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2008

EMPIRE

SUBJECT: BCI ETHANOL LLC
REF: W08000040522

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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P.O BOX 6327 – Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

BCI Ethanol LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1560 Sawgrass Corporate Pkwy Sunrise, FL 33323	1560 Sawgrass Corporate Pkwy Sunrise, FL 33323

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

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

Harold Wessman, P.A.
Name

1776 N. Pine Island Rd #224
Florida street address (P.O. Box NOT acceptable)

Plantation FL 33322
City, State, and Zip

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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.

Registered Agent's Signature

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Luiz R. Januario 1560 Sawgrass Corporate Pkwy Sunrise FL 33323
MGRM	Dr Howard Storfer 1560 Sawgrass Corporate Pkwy Sunrise FL 33323
MGRM	Dr Loren Logban 1560 Sawgrass Corporate Pkwy Sunrise FL 33323
MGRM	Renato Sayegh 1560 Sawgrass Corporate Pkwy Sunrise FL 33323
MGRM	Erico Januario 1560 Sawgrass Corporate Pkwy Sunrise FL 33323
MGRM	Aamar Vitti 1560 Sawgrass Corporate Pkwy Sunrise FL 33323

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(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.)

Luiz R. Januario
Typed or printed name of signee

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Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
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