

NOV-18-09 WED 03:02 PM

LUKACS & LUKACS, P.A.

FAX NO. 305 856 9600

Page 1 of 1

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000242265 3)))



H090002422653ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LUKACS & LUKACS, P.A.

Account Number : 072037001370

Phone : (305) 856-9600

Fax Number : (305) 856-3041

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

09 NOV 18 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.  
BF POMPANO, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

09 NOV 18 AM 8:54

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD

NOV 19 2009

(((H09000242265 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

BF POMPARNO, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "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:1001 Brickell Bay Drive  
Suite 2904  
Miami, FL 331311001 Brickell Bay Drive  
Suite 2904  
Miami, FL 33131

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Edward DeCaso

Name

1001 Brickell Bay Drive, Suite 2904Florida street address (P.O. Box NOT acceptable)Miami, FL 33131

FL

City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 NOV 18 AM 8:54

*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 (REQUIRED)

(CONTINUED)

(((H09000242265 3)))

Page 1 of 2

(((H09000242265 3)))

**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

Edward DeCaso

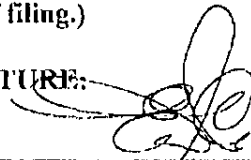
1001 Brickell Bay Drive, Suite 2904

Miami, FL 33131

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: November 16, 2009 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Edward DeCaso

Typed or printed name of signee

**Filing Fees:**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

(((H09000242265 3)))