U0000065181

(Requestor	's Name)
(Address)	·
,	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
·	
(Document	Number)
Certified Copies C	Certificates of Status
	
	1
Special Instructions to Filing C	fficer:
	l l

Office Use Only



600181526726

06/17/10--01039--019 **160.00



T. CLINE

JUN 1 8 2010

VINER

COVER LETTER

TO:

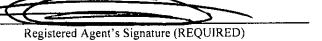
Registration Section

Division of Co	orporations		
SUBJECT: Biscaya	Holdings 2 LLC		
SUBJECT: Diodayo		ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this matt	ter to the following:	
Oded M. Kais	ser		
		Name of Person	
Biscaya Hold	ings 2, LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
444 Brickell A	venue, Suite 417		
		Address	
Miami, Florida	a 33131		
		y/State and Zip Code	in 5
pablo@OMR		for future annual report notification)	용을 들
For further information	concerning this matter, please	•	SECRETARY OF STATE
Oded M. Kaiser		at (_786) 326-7500	N. SIA
Name	of Person	Area Code & Daytime Telephone Numbe	214 10A
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Biscaya Holdings 2, LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
444 Brickell Avenue, Suite 417	444 Brickell Avenue, Suite 417
Miami, Florida 33131	Miami, Florida 33131
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re Oded M. Kaiser	Office, & Registered Agent's Signature:
Name	
444 Brickell Avenue, Suite	
r fortga street addr	ess (P.O. Box <u>NOT</u> acceptable)
Miami	FL 33131
City, State	e, and Zip
Having been named as registered agent and to a	ccept service of process for the above stated limited

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..



(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Oded M. Kaiser	
444 Brickell Avenue, Suite 417	
Mlami, FL 33131	
Pablo A. Camposano	
444 Brickell Avenue, Suite 417	
Miami, FL 33131	
	2010 JUN 17 SECRETARY TALLAHASS
	7 AM III
	Pablo A. Camposano 444 Brickell Avenue, Suite 417

REQUIRED SIGNATURE:

Simple of a manhar are an authorized representation

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.)

Oded M. Kaiser

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)