

MAY/04/2015 MON 03:17 PM FAX No. 0017003
5/2015 Division of Corporations

#L15000078317

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.

(((H15000108642 3)))



H150001088423ABC.

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
NB PREMISES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2015 MAY -4 AM 9:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY
EXAMINER
MAY - 5 2015

MAY/04/2015/MON 03:16 PM

FAX No.

P. 002/003

FILED

2015 MAY -11 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The name and address of this Limited Liability Company shall be:

NB Premises, LLC

ARTICLE II - ADDRESS

**8500 West Flagler St Ste B-209
Miami, FL 33144**

**ARTICLE III - NAME OF REGISTERED
AGENT, ADDRESS OF REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE**

The name and street address of the L.L.C.'s initial registered resident agent shall be:

**Miguel A. Hernandez
C/O 8500 WEST FLAGLER STREET
SUITE B-208
Miami, FL 33144**

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 605, F.S..



Registered Agent's Signature

MAY/04/2015/MON 03:17 PM

FAX No.

P. 003/003

FILED
2015 MAY -4 AM 9:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGEMENT

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

Blackcap Holdings S.A.

8500 West Flagler Street Ste B-209

MIAMI, FL 33144



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

(In accordance with section 605.02.01(1)(b), Florida Statutes,
the execution of this document constitutes an affirmation
under the penalties of perjury that the facts stated herein are true)

Santiago Bellan

Printed name of signature