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

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**FLORIDA LIMITED LIABILITY CO.
BVW704, LLC**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BVW704, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3301 Ponce de Leon Boulevard

Suite 220

Coral Gables, FL 33134

Mailing Address:

3301 Ponce de Leon Boulevard

Suite 220

Coral Gables, FL 33134

ARTICLE III - Registered Agent, Registered Office & 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:

Francisco J. Pines, Esq.

Name

3301 Ponce de Leon Boulevard, Suite 220

Florida street address (P.O. Box **NOT** acceptable)

Coral Gables, Florida 33134

City

Zip

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.

Francisco J. Pines

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address

MGR

SANDRO DE LELLIS
1723 SW 2ND AVENUE N-°
606 MIAMI FLORIDA 33129

MGRM

LYA REBECA HERRERA
1723 SW 2ND AVENUE N-°
606 MIAMI FLORIDA 33129

(Use attachment if necessary)

ARTICLE V- Effective date, if other than the date of filing: _____ (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 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, F.S.

SANDRO De Lellis

(Typed or printed name of signee)