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.

(((H15000198355 3)))



H150001983553ABC4

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)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)444-497

: I20000000146 : (305)444-4994 : (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. BVW704, LLC

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

AUG 1 8 2015

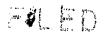
S. GILBERT

15 AUG 17 PM 1:36

Electronic Filing Menu

Corporate Filing Menu

Help



15 AUG | 7 AM 7:50

"多好心智和"的概念。 (2) 中心风水色 特别的声音或音乐 (2) 中心最高的

## 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, "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:
3301 Ponce de Leon Boulevard Suite 220	3301 Ponce de Leon Boulevard Suite 220
Coral Gables, FL 33134	Coral Gables, FL 33134
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its ov or another business entity with an active Florida regis	vn Registered Agent. You must designate an individual
The name and the Florida Street Address of t	he Registered Agent:
Francisco J. F	ines, Esq.
.N	ame
3301 Ponce de Le	on Bouleyard, Suite 220
	(P.O. Box <u>NOT</u> acceptable)
Coral Gables, FI	orlda 33134
City	Zip
limited liability company at the place designappointment as registered agent and agree to with the provisions of all statutes relating to	to accept service of process for the above stated gnated in this certificate, I hereby accept the o act in this capacity. I further agree to comply o the proper and complete performance of my obligations of my position as registered agent as

(CONTINUED)

litie: 'MGR"= Manager 'MGRM" = Managing Member	Name and Address
MGR	SANDRO DE LELLIS 1723 SW 2ND AVENUE Nº 606 MIAHI FLONDA 33129
MGRM	LYA REBECA HERRERA  1723 SW ZHO AVENUE H-* GDG MIAMI FLORIDA 3313
Use attachment if necessary)	

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

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

(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 takes information submitted in a document to the Department of State constitutes a third degree fellow as provided for in \$817.155, F.S.

(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 sate of filing.)

REQUIRED SIGNATURE:

(Typed or printed name of signee)