

L23000093770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

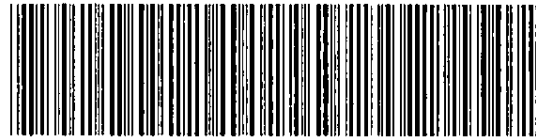
(Business Entity Name)

(Document Number)

: Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Instructions to Filing Officer:

Office Use Only



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S. CHATHAM  
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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Lemartec-BDI JV, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy P. Atkinson  
\_\_\_\_\_  
Name of Person  
  
Oetel, Fernandez, Bryant & Atkinson, P.A.  
\_\_\_\_\_  
Firm/Company  
  
2060 Delta Way  
\_\_\_\_\_  
Address  
  
Tallahassee, Florida 32312  
\_\_\_\_\_  
City/State and Zip Code  
  
tatkinson@ohfc.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allyne SMith                      850                      521-0700  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lemartec-BDI JV, LLC

(Must contain 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:

3390 MARY STREET, SUITE 166  
COCONUT GROVE, FL 33133

3390 MARY STREET, SUITE 166  
COCONUT GROVE, FL 33133

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 are:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

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

Tallahassee

Florida

32301-2525

City

State

Zip

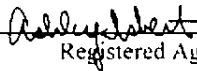
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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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.*

By: Corporation Service Company



Ashley Isbert, Assistant VP

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

P. MGR

Manuel Garcia-Tunon  
3390 Mary Street, Suite 166  
Coconut Grove, FL 33133

V. T

Jose Garcia-Tunon  
3390 Mary Street, Suite 166  
Coconut Grove, FL 33133

V

Maira Suarez  
3390 Mary Street, Suite 166  
Coconut Grove, FL 33133

V

Carlos F. Rosell  
7270 NW 12 Street, Suite 200  
Miami, FL 33126

(Use attachment if necessary)

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**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

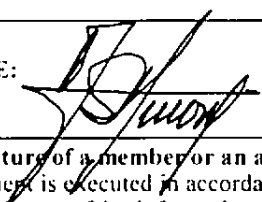
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.

Jose Garcia-Tunon

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

5. V. S. MGR

Teobaldo III Rosell  
7270 NW 12 Street, Suite 200  
Miami, FL 33126

6. AMBR

Lemartec Corporation, member  
3390 Mary Street, Suite 166  
Coconut Grove, Florida 33133

7. AMBR

BDI Construction Company  
7270 NW 12 Street, Suite 200  
Miami, FL 33126

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