

L99000000/007

ACCOUNT TIMING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2014485  
(Sub Account)

DATE: 2-23

REQUESTOR NAME: LEXIS

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: (\_\_\_\_) (\_\_\_\_ - \_\_\_\_ ) ext (\_\_\_\_)

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME: BCT Naples LLC

DOCUMENT NUMBER:  
(if applicable) \_\_\_\_\_

800002784428--3

AUTHORIZATION: C. Woodyard

☒ CERTIFIED COPY (1-9)  
☒ CERTIFICATE OF STATUS (1-9)  
☐ PLAIN STAMPED COPY

☒ Call When Ready  
☒ Walk In  
☐ Mail Out  
( ) Call if Problem  
( ) Will Wait

( ) After 4:30  
( ) Pick Up

|                |               |
|----------------|---------------|
| Name           | <u>CL 223</u> |
| Availability   | <u>CL 223</u> |
| Document       | <u>CL</u>     |
| Examiner       | <u>CL</u>     |
| Updater        | <u>CL</u>     |
| Acknowledgment | <u>CL</u>     |
| W. P. Verifier | <u>CL</u>     |

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DIVISION OF CORPORATIONS  
99 FEB 23 PM 12:29

99 FEB 23 AM 11:19

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

**ARTICLE I-NAME**

The name of the Limited Liability Company is: BCT Naples L.L.C.

**ARTICLE II-ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 30 N. LaSalle Street, Suite 3100, Chicago, IL 60602.

**ARTICLE III-DURATION**

The period of duration for the Limited Liability Company shall be: perpetual.

**ARTICLE IV-MANAGEMENT**

The Limited Liability Company is to be managed by a manager and the name and address of such manager is:

Brauvin Capital Trust, Inc.  
30 N. LaSalle St.  
Suite 3100  
Chicago, IL 60602

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

BCT Naples L.L.C.

2. The name and the Florida street address of the registered agent are:

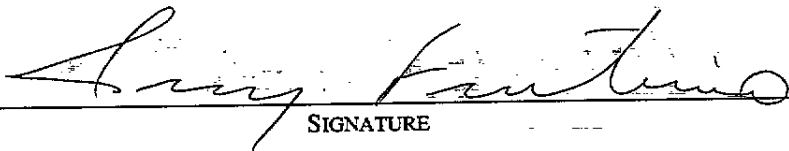
Lexis Document Services Inc.  
NAME

3953 WW Kelley Road  
Florida street address (P. O. Box NOT ACCEPTABLE)

Tallahassee FL 32311  
CITY, STATE AND 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.*

  
SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**

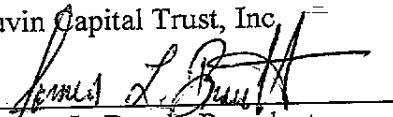
## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member of BCT Naples L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member is \$797,000.00;
- 3) if any, the agreed value of property other than cash contributed by the member is \$0.00. A description of the property is attached hereto and made a part hereof; and
- 4) the total amount of cash and property contributed and anticipated to contributed by the member is \$797,000.00.

MEMBER:

Brauvn Capital Trust, Inc.

By:   
James L. Brault, President

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