

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : BELOFF LAW, P.A.  
Account Number : I20080000060  
Phone : (305) 673-1101  
Fax Number : (305) 673-5505

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FLORIDA LIMITED LIABILITY CO.  
BH Island Holdings, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

JUL 19 2017

S. GILBERT

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**ARTICLES OF ORGANIZATION  
FOR  
BH ISLAND HOLDINGS, LLC,  
a Florida limited liability company**

STATE OF FLORIDA

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

**ARTICLE I- NAME:**

The name of the limited liability company is: **BH ISLAND HOLDINGS, LLC .**

**ARTICLE II- ADDRESS:**

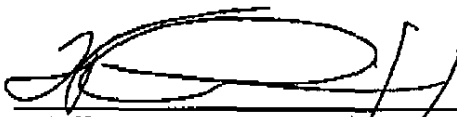
The address of its principal place of business, as well as the mailing address for this limited liability company is c/o Beloff Law, P.A. 1691 Michigan Avenue, Suite 360, Miami Beach, Florida 33139

**ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

The name and the Florida address of the registered agent are:

Beloff Law, P.A.  
1691 Michigan Avenue,  
Suite 360  
Miami Beach, Florida 33139

Having been named as registered agent and to accept service of process for the above state 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.



Beloff Law, P.A. Registered Agent

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ARTICLE IV

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

TITLE:	NAME AND ADDRESS:
Manager	Will Prince, Esq. 1691 Michigan Avenue, Suite 360 Miami Beach, Florida 33139

ARTICLE -V - Effective Date, if other than the date of filing: \_\_\_\_\_(Optional)

ARTICLE- VI- Management: Manager managed.

ARTICLE-VII- Other provisions, if any.

REQUIRED SIGNATURE:




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WILL PRINCE, ESQ. as Manager

*(In accordance with Section 605.0203 (1)(b), Florida Statute, 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 s817.135,F.S.)*

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