

L22 000059990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

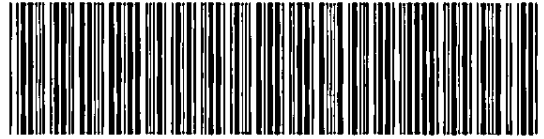
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700381841597

FILED
SECRETARY OF STATE
RECORDS
TALLAHASSEE, FLORIDA

2022 FEB 15 PM 2:45
2022 FEB 15 PM 2:03

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 2/15/2022

NAME: BHS/JMF SENIOR SOLUTIONS I, LLC

TYPE OF FILING: ARTICLES

COST: 160.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

a Hodge

CONSENT TO USE OF NAME

BHS/JMF Senior Solutions 1, Inc., a Florida not for profit corporation, does hereby consent to the use of their name by BHS/JMF Senior Solutions 1, LLC, a Florida limited liability company for organization in Florida.

Date: 02/14/2022

By:



Lisa Vecchi, President
BHS/JMF Senior Solutions 1, Inc.

COVER LETTER

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

SUBJECT: BHS/JMF Senior Solutions 1, LLC, a Florida limited liability company

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:

Salome J. Zikakis, Esq.

Name of Person

Parady & Zikakis, P.A.

Firm/Company

307 SE 14th Street

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

lisav@browardhousingsolutions.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Salome J. Zikakis

954

728-9799

at (_____) _____

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 FEB 15 PM 2:45

ARTICLE I - Name:

The name of the Limited Liability Company is:

BHS/JMF Senior Solutions 1, LLC, a Florida limited liability company
(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:

305 SE 18th Court
Fort Lauderdale, FL 33316

Mailing Address:

305 SE 18th Court
Fort Lauderdale, FL 33316

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:

Lisa Vecchi

Name

305 SE 18th Court

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

Fort Lauderdale

FL

33316

City

State

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..



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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Lisa Vecchi
305 SE 18th Court
Fort Lauderdale, FL 33316

2022 FEB 15 PM 2:45

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(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.)

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.

Lisa Vecchi

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)