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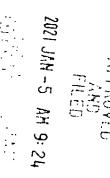
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(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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•	e, "	•	* *
•	COVER LE	TTER	÷ .
TO: Registration Section Division of Corporations			
SUBJECT: BHLG HOLDINGS, INC	•		
Nai	me of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate of Existence," or "Certificate of Existence," or "Certification of the Existence of Existence	cate of Good Stand	ng" and check are subm	
Please return all correspondence conc	erning this matter to	the following:	
JEAN-NOEL BEN HAMOU			
	Name of Pe	erson	
BHLG HOLDINGS, INC.			
	Firm/Comp	any	
20801 Biscayne Blvd, Suite 403			
	Addres	\$	_
Aventura, Florida, 33180			
	City/State and	l Zip code	
JBENHAMOU@bhlg.com			
E-mail add	ress: (to be used fo	r future annual report no	tification)
For further information concerning th	is matter, please ca	l:	
JEAN-NOEL BEN HAMOU	404 at (202-3115	
Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a check for the following Please make check payable to: FLORID: \$70.00 Filing Fee \$78.75 F Certifies	A DEPARTMENT (OF STATE 878.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee. Certificate of Status & Certified Copy

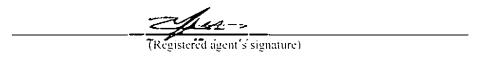
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

•	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
DELAWARE	y under the law of which it is incorporated)	85-4385558 (FEI number, if applicable)
OECEMBER 7.		•
(Date	of incorporation)	(Date of duration, if other than perpetual)
N/A		
20801 Biscayne i	Blvd, Suite 403, Aventura, Florida, 33180 (Principal off	ce <u>street</u> address)
20801 Biscayne I	(Principal off	
	(Principal off	g address, if different)
	(Principal off	g address, if different) D. Box NOT acceptable)
. Name and <u>stree</u> Name:	(Principal off (Current mailin et address of Florida registered agent: (P.C	g address, if different) D. Box NOT acceptable)
. Name and <u>stre</u>	(Principal off (Current mailin et address of Florida registered agent: (P.C Jean-Noel Ben Hamou	g address, if different) D. Box NOT acceptable)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Jean- Noel Ben Hamou ☐ Chairman □Chairman Name: ______ □ Vice Chairman Address: 20801 Biscayne BLVD, SUITE 403 □Vice Chairman Address: _____ XIDirector Aventura, FL, 33180 □ Director **XI**President President □Vice President □ Vice President **∑**Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other ____ □ Chairman Name: ____ □Chairman Name: _____ □ Vice Chairman Address: _____ Address: _____ □ Vice Chairman □ Director □ Director □President □ President □Vice President □ Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer ☐ Other _____ □Other _____ □Other _____ □Other ____ \square Chairman Name: _____ Name: □ Chairman □Vice Chairman Address: _____ Address: _____ □ Vice Chairman □ Director □Director □ President □President □ Vice President □ Secretary. □Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BHLG HOLDINGS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF DECEMBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BHLG HOLDINGS, INC." WAS INCORPORATED ON THE SEVENTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 204441891

Date: 12-29-20