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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| | | |
| (Ad | ldress) | |
| (Ćit | ty/State/Zip/Phone | ÷#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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HLM



TRANSMITTAL LETTER

Division of Corporations

SUBJECT: RHA (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:

Chard HATTALE OF PERSON

(Name of Person)

Angelotti - Company)

Angelotti - Company

(Firm/Company)

Address)

Sarasota Tallada (Address)

For further information concerning this matter, please call:

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

TO:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|--|--|-----|
| The name of the Limited Liability Company is: | | |
| B.H.A., LLC | - | |
| ARTICLE II - Address: The mailing address and street address of the principal of | office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 2 N. Tamiani. Tr. Siite 312 | | |
| Sarasota, FI | | - |
| 34236 | | |
| ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered | ed agent are: | |
| Kichard H. An | rselotti = = = = = = = = = = = = = = = = = = | 1 |
| Florida street address (P.O. Box NO | | *** |
| Sarasola FLC City, State, and Zip | ORIDA 3Y23Ye 音点 ま | |

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 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member **Color of the color of the co

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

that the facts stated herein are true.)