Division of Corporations

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: BOARDMAN & SPILLER, P.A.

Account Number : 102350003270

Phone Fax Number : (239)657-4418 : (239) 657-4278

LIMITED LIABILITY COMPANY

BHI, LLC

Certificate of Status	0
Certified Copy	I
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Estimated Charge	\$155.00

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4/22/2004

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ARTICLES OF ORGANIZATION

OF

BHI, LLC

The undersigned member hereby certifies that the undersigned member of this organization desires to form a single member limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER

ARTICLE I

NAME

The name of the limited liability company shall be BHI, LLC

ARTICLE II

The mailing address and street address of the principal office of this limited liability company shall be 711 West Main Street, Immokalee, Florida 34142.

ARTICLE III

DURATION

This limited liability company shall exist until October 31, 2033, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

THIS DOCUMENT PREPARED BY: Thomas K. Boardman THOMAS K. BOARDMAN, P.A. 1400 North 15th Street, Suite 201 Immokalee, Florida 34142 (239) 657-4418 Florida Bar No. 103581

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ARTICLE IV

MANAGEMENT

This limited liability company shall be managed by its members. The names and addresses of the managing members are as follows:

Karen M. Hendry 711 West Main Street Immokalee, Florida 34142 Rachel B. Ingram 711 West Main Street Immokalee, Florida 34142

ARTICLE V

RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VI

MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

Executed by the undersigned at Immokalee, Florida, on April 22

STATE OF FLORIDA COUNTY OF COLLIER

The foregoing instrument was swom to and acknowledged before me this 2 day of April, 2004, by KAREN M. HENDRY, who is prersonally known to me or □who produced a Florida Driver's as identification. License No._

KERENSAM, PELETIER atary Public - State of Florida Constition Espirat Aug 14,200

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: BHI, LLC
- 2. The name and address of the registered agent and office is:

KAREN M. HENDRY (Name)

711 West Main Street (P.O. Box not acceptable)

Immokalee, Florida 34142 (City/State/Zipcode)

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

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