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Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)222-9428

LIMITED LIABILITY COMPANY

BH/Farris Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Blackgrin Piling Wards

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Comp	pany is:
	pany is:
BH/Farris Holdings, LLC	
	Section 1
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1400 B 6th Street North	1400 B 6th Street North
Largo, FL 33771	Largo, FL 33771
ARTICLE III - Registered Agent, Rep	gistered Office, & Registered Agent's Signature:
The name and the Plorida street address	of the registered agent are:
СТС	Corporation System
	Name
1200 Sc	outh Pine Island Road
Florida	street address (P.O. Box NOT acceptable)
Plant	ttion, Florida 33324
Cin	y, State, and Zip

Having been named as registered agent and to occept 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, F.S..

CT Corporation System

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u> Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		2
		Q. E
MGRM	BH Group, LLC	- in a
	40 W. Croscentville Road	The second second
	Cincinnati, OH 45246	
		To the second
		SEE FLORING
		700
		アか
		
		
		
ett		
(Use attachment if necessary)		

(Use anachment it necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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 that the facts stated herein are true.)

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 5.00 Certificate of Status (Optional)

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