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| (Req | uestor's Name) | · |
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| (Add | ress) | |
| | | |
| (Add | ress) | |
| (City | /State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Busi | iness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only



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TRANSMITTAL LETTER

| TO: Registration Se Division of Co | | | |
|---------------------------------------|----------------------------------|--|--|
| SUBJECT: BH TRAI | DING LLC | | |
| | (Name of Limited | d Liability Company) | |
| The enclosed Articles of | f Organization and fee(s) are so | ubmitted for filing. | |
| Please return all corresp | ondence concerning this matte | r to the following: | |
| JOSEPH | P. MULLEN, ESQUIRE | | |
| | (1) | Name of Person) | |
| | | | |
| MULLEN & BIZZAR | | | |
| | () | Firm/Company) | |
| 2929 E. CO | MMERCIAL BOULEVARD, | SUITE PH-C | |
| - | | (Address) | |
| | | | |
| FOR | LAUDERDALE, FL 33308 | | |
| | (City/ | State and Zip Code) | |
| | | | |
| For further information | concerning this matter, please | call: | |
| DARREN AIKENS | | at (954) 914-4129 | |
| | of Person) | at (954 914-4129 (Area Code & Daytime T | elephone Number) |
| · | · | , | |
| Enclosed is a check for | r the following amount: | | |
| ☐ \$125.00 Filing Fee | | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

STREET ADDRESS:

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

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 Compar | ny is: | |
| BH TRADING LLC | | |
| | | |
| ARTICLE II - Address: | | |
| | the principal office of the Limited Liability Co | mpany is: |
| Principal Office Address: | Mailing Address: | |
| 5722 S. FLAMINGO ROAD | 5722 FLAMINGO ROAD | |
| APT. 103 | APT. 103 | _ |
| COOPER CITY, FL 33330 | COOPER CITY, FL 33330 | <u>-</u> |
| DARREN AIKENS | Name | |
| 5722 S. FLAMINGO RO | AD, #103 | |
| Florida street address (P.O. Box NOT acceptable) | | |
| COOPER CITY 333330 | | |
| City, S | State, and Zip | |
| liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple | nd to accept service of process for the above stated in this certificate, I hereby accept the appoint spacity. I further agree to comply with the provi- ete performance of my duties, and I am familiar s registered agent as provided for in Chapler 60 | nent as sions of all with and |
| , G . J , P | Const. | , S |
| | in the second se | -3 |
| DARREN AIKENS | | <u> </u> |
| Registered A | Agent's Signature | "." |
| | : "" | س ري د ا |

(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 | Name and Address: |
|-------------------------------|------------------------------|
| "MGRM" = Managing Member | |
| MGRM | LEO-SAG ENTERPRISES, INC. |
| | 5722 S. FLAMINGO ROAD, #103 |
| | COOPER CITY, FL 33330 |
| MGR | JAMES BEATTIE |
| | 31 HAMPTON GREEN, NAVAN RD |
| | DUBLIN 7 IRELAND |
| MGR | TROND HOV |
| | STORGATA 41, N-8300 SVOLVAER |
| | NORWAY |
| | |
| | |
| | |
| (Use attachment if 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.)

JOSEPH P. MULLEN

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)