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#### FILED SECTION ATTORNEYS' TITLE Requestor's Name 1965 Capital Circle NE, Suite A 850-222-2785 Tallahassee, FI 32308 City/St/Zip Phone # CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1- BHSL, LLC X Walk-in Pick-up time ASAP XXX Certified Copy Photocopy Mail-out Will wait Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Non-Profit XXX Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

#### ARTICLES OF ORGANIZATION FOR BHSL, LLC

A Florida Limited Liability Company

The undersigned, desiring to form a limited liability company under and pursuant to Chapter. 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

#### ARTICLE I <u>Name</u>

The name of this Company shall be **BHSL**, **LLC**.

## ARTICLE II <u>Duration</u>

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

## ARTICLE III Mailing Address

The mailing address is 36345 U.S. Highway 27, Haines City, Florida 33844. The street address is the same.

## ARTICLE IV Registered Agent and Office

The name and street address of the initial registered agent and office for this Company is as follows: Marc P. Malpeli, 36345 U.S. Highway 27, Haines City, Florida 33844.

## ARTICLE V Admission of Additional Members; Terms and Conditions of such Admissions

Additional Members may be admitted upon unanimous consent of the Member(s) of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company.

#### ARTICLE VI Right to Continue Business

If, but for the exercise of the right to continue the Company's business, as specified below, the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which terminates the continued membership of a Member in the Company, shall cause the dissolution of the Company, then the business of the Company shall continue (without dissolution) if elected in writing within ninety (90) days of the occurrence of such event by any remaining Member.

## ARTICLE VII Management by Members

The Company will be managed by its Member(s). The name and address of the initial Managing Member is: Marc P. Malpeli, 36345 U.S. Highway 27, Haines City, Florida 33844.

## ARTICLE VIII Operating Agreement of Company

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Member(s).

### ARTICLE IX Informal Action of Members

Any action of the Member(s) may be taken without a meeting if consent in writing setting forth the action so taken shall be signed by all Members who would be entitled to vote upon such action at a meeting and filed with the Company as part of its records.

## ARTICLE X <u>Transferability of Member's Interest</u>

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 22 day of December, 2006.

MARC P. MÁLPEL

## STATE OF FLORIDA COUNTY OF POLK

7	he fo	oregoing instru	ment w	as acl	cnov	ledged befor	e me this	22	day	of De	ecer	nbe	r, 2006, by
MARC	Ρ.	MALPELI,	who		is	personally	known	to	me	or	[	]	produced
				as	ider	tification.							

(SEAL)

OTARY PUBLIC \
Clackie 5. Hoverkamp

Print Name of Notary
My Commission Expires:

Jackie S. Hoverkamp
Commission # DD367891
Expires November 19, 2008
anded Tray Pain - Insurance, Inc. 800-386-7019

#### STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for BHSL, LLC, a Florida limited liability company, 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 in Chapter 608, Florida Statutes.

Much. Myfel -MARC P. MALPELI

STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this day of December, 2006, by MARC P. MALPELI, who [ is personally known to me or [ ] produced as identification.

(SEAL)

My Commission Expires:

Print Name of Notary

Jackie S. Hoverkamp
Commission # DD367891
Expires November 19, 2008