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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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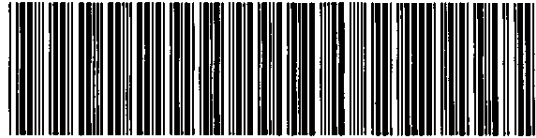
(Business Entity Name)

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DEPARTMENT OF REVENUE
DIVISION OF OPERATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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TALLAHASSEE, FLORIDA

1 BH Tower 20, LLC

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
✓ ____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
✓ ____ Cert. Copy X 2 _____
____ Photo Copy _____
✓ ____ Certificate of Good Standing X 2 _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
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Signature _____

Requested by: _____

Name _____

Date _____

Time _____

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3/5/07 1:08

ARTICLES OF ORGANIZATION

FOR

1 BH TOWER 20, LLC

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TALLAHASSEE, FLORIDA

ARTICLE I-NAME:

The name of the Limited Liability Company is:

1 BH TOWER 20, LLC

ARTICLE II-ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

c/o Trute & Robbins
1090 Kane Concourse
Suite 202
Bay Harbor Islands, FL 33154

ARTICLE III-REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the Registered Agent is:

Capital Connection, Inc.
417 East Virginia Street
Suite 1
Tallahassee, FL 32301

ARTICLE IV-MANAGEMENT

The Limited liability Company is to be managed by one manager or more managers and is therefore, a manager-managed company

By: _____

DAVID PHILLIPS

(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.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

1 BH Tower 20, LLC

2. The name and the Florida street address of the registered agent and office are:

Capital Connection Inc.

(Name)

417 East Virginia Street, Suite 1

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee, FL 32301

City/State/Zip

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 608, F.S.

Capital Connection, Inc.

By: _____

Stacey Pilano
(Signature)