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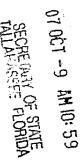
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BH 58 LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Matthew Rosen (Name of Person)
(Name of Person)
(Firm/Company)  2225 Anchor Court  (Address)  Fort Lauderdale, FC 33312  (City/State and Zip Code)
2225 Anchor Cart  (Address)  Fort Lauderdak, FC 33312  (City/State and Zip Code)
明文 呈
Fort Lauderdale, FC 33312
(City/State and Zip Code)
For further information concerning this matter, please call:
Matthew Rosen at (954) 895-4324  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & \$\times 155.00 Filing Fee & \$\times 160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
BH S8 LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
Fort Cauderdale, Fr. 33312 Hollandale, Fr. 33008 70
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
Matthew Rosen
Name
7225 Anchor Court  Florida street address (P.O. Box NOT acceptable)
Fort Causlerdale FL 33312 City, State, and Zip
City, State, and 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, 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
Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Matthew Rosen 2225 Anchar Court Fort Laudesdale, FC 33312
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(Use attachment if necessary)	PART CE
	(C)
LE V: Effective date, if other than the fective date is listed, the date must	ne date of filing: (OPTION) be specific and cannot be more than five business day
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	ne date of filing: (OPTION) be specific and cannot be more than five business day
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business day
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business day  Let be or an authorized representative of a member.

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)