#35 20 . #1/003 12/12/2030

Florida Department of State Division of Corporations

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(((H13000023473 3)))



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Email Address:

FLORIDA LIMITED LIABILITY CO.

BALHAKE LLC

| Certificate of Status | 1 |
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| Certified Copy | 0 |
| Page Count | 03 |
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JAN 3 1 2013

A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|--|
| The name of the Limited Liability Company is: | |
| BALHAKE LLC | |
| (Must end with the words "Limited Liability | Company, "L.L.C.," or "LLC.") |
| ARTICLE H - Address: The mailing address and street address of the prin | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 16355 Sw 103 Rd ST HIAMI FL 33196 | <u>≥</u> |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re | Office, & Registered Agent's Signatures red Agent. You must designate an individual of shother registered agent are: |
| OR CANdo Name | Socotto Fr |
| 16355 Sw 1 | o3 Rd ST ress (P.O. Box <u>NOT</u> acceptable) |
| OR LANdo Name 16355 Sw 1 Florida street addr +li A +li City, State, ar | FL 33196 ad Zip |
| Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis | recept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and thered agent as provided for in Chapter 608, F.S |

(CONTINUED)
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| ARTICLE IV. Manager(s) or Manag | ging Me | mber(s |): | | |
|--------------------------------------|----------|---------|----------|-----------|-------|
| The name and address of each Manager | r or Man | aging N | Member i | s as folk | 0W\$: |
| | | | | | |

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|---|---|
| "MGRM" = Managing Member | 20. |
| HORN | ORLANDO SOCORROS - 16355 Sw 103 Rd ST 12 2 |
| Harr | IVONNE BALLIACHER 3 |
| | HIAHI.FL. 33196 32 |
| | |
| , | |
| | |
| (Use attachment if necessary) | |
| CLE V: Effective date, if other than th | e date of filing: (OPTIONAL) be specific and cannot be more than five business days |
| CLE V: Effective date, if other than the | |
| CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) | |
| CLE V: Effective date, if other than the effective date is listed, the date must of days after the date of filing.) REQUIRED SIGNATURE: | |
| CLE V: Effective date, if other than the effective date is listed, the date must of days after the date of filing.) REQUIRED SIGNATURE: X Signature of almemia | be specific and cannot be more than five business days ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penaltics of perjury |
| CLE V: Effective date, if other than the effective date is listed, the date must of days after the date of filing.) REOUIRED SIGNATURE: X Signature of almemic of this document contact that the facts stated OR Lo. | be specific and cannot be more than five business days ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penaltics of perjury if herein are true.) |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
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