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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400246226294

EFFECTIVE DATE

04/12/13--01015--017 **160.00

FILED

13 APR 12 PH 2: 53

SECRETARY OF STATE
TALL AHASSEE FLOOR

K.SALY EXAMINER APR 16 2013 (850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

BGHS Equity Partners 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:

Robert Dale Garner

Name of Person

BGHS Equity Partners LLC

Firm/Company

895 Oak Leaf Ct.

Address

Altamonte Springs, FL 32714

City/State and Zip Code

Dgarner50@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ted Hudson

,,334 4

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ■ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	lame: Limited Liability Company	is:	TECTIVE DATE
GBHS Equity Partne			· · · · · · · · · · · · · · · · · · ·
	(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
The mailing add	ress and street address of the	principal office of the Limited Li	ability Company is:
Principal Offic	e Address:	Mailing Address:	
Dale Gamer		Dale Gamer	
895 Oak Leaf Ct.		895 Oak Leaf Ct.	
Altamonte Springs,	FL 32714	Altamonte Springs, FL 32714	
	e Florida street address of th		IS APR 12 TH 2:5: SEURETARY OF STATE ALLAHASSEE, FLORE
	Nar	me	基型 2
	895 Oak Leaf Ct.		TARY OF HASSEE,
	Florida street	address (P.O. Box NOT acceptable)	
	Altamonte Springs, FL	327 <u>14</u>	LOS A
	City,	State, and Zip	8 TH 53
Having been na liability com	med as registered agent and t	to accept service of process for the	

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Robert Dale Garner
	895 Oak Leaf Ct.
	Altamonte Springs, FL 32714
MGRM	Charles F. Barlow
	9828-A Tabebuia Tree Dr.
	Boynton Beach, FL 33436
MGRM	James A. Scilla
	5124 Coronado Ridge
	Boca Raton, FL 33486
MGRM	Theodore S. Hudson II
	303 Whatley Drive
	Dothan, AL 36303
Use attachment if necessa	ury)
F V. Effective date if of	her than the date of filing: April 10, 2013 . (OPTIO
	date must be specific and cannot be more than five busi
or 90 days after the date	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robert Dale Garner
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)