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SECRETARY OF STATE
FALLAN ASSESSES FLORIDA

50) 245-6051.	4		, ,
	COVE	R LETTER -	***
TO: Registration S Division of Co			
SUBJECT:	BHSS,	LLC	
	Name of Limite	ed Liability Company	
The enclosed Articles of	Organization and fee(s) are s	mbmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	JAN	VELLE GODE	AUX
		Name of Person	1
	BEACHES 1	HOUSE SITTING	SERVICES
		Fum/Company	
4	3360 Pin	TAIL DR. N	i .
J	- ACKSONVIllE	BEACH, FL,	32250
	City	y/State and Zip Code ESITING SERVICES or future annual report notification)	
INFO	DEACHES HOUS	E SI HING SERVICE:	S.COM
	E-mail address: (to be used t	or future annual Report notification)	
For further information	concerning this matter, please		
JANELLE	GODEAUX	at (Area Code & Daytime Telep	7524
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	or 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	Street/Courier Address	

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	m r 0		-		
AR	116	. П. И.	1 -	Nam	e:

The name of the Limited Liability Company is:

BHSS, 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:

Frincipal Off	ice Addr	ess.		
3360	PINT	AiL	DR	M.
JACKSON	JVITE	BEP	icit,	FL.

3360	PINTA	iL	DR.	N
JACKSON	JVILLE	FAC	H, F	L,
	320	250)	

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limite

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

JANE	LLE GodE	AUX
	Name	
3360 F	intail Dr	. N
FI	orida street address (P.0	O. Box <u>NOT</u> acceptable
JACKSONVII	IE BEACHFL	32250
•	City, State, and 2	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 60S, F.S.

Registered Agent's Signature (REQUIRED)

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Juliette Nigoghossian 3360 PINTAIL DR.N. JACKSONVINE BEACH, PL. 32250
MGRM	LOLA Nigoghossian 3360 PINTAIL DR. N. JACKSONVILLE BEACH, FL. 3225
(Use attachment if necessary)	
	the date of filing: (OPTIONA
	nust be specific and cannot be more than five busines
r to or 90 days after the date of filing	(,)

REQUIRED SIGNATURE:

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.)

TANELLE GODEAUY

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)

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