

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000102208 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BROAD AND CASSEL (BOCA RATON)

Account Number: 076376001555

Phone

: (561)483-7000

Fax Number

: (561)483-7321

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

ptmelo@integrafl.com

FLORIDA LIMITED LIABILITY CO. Integra BHI Manager LLC

Certificate of Status	U
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

APR 28 2015

Electronic Filing Menu

Corporate Filing Menu

Help

, APR. 27. 2015 10:,05AM

Fax Audit Number: H15000102208 3

2018 APR 27 AM 11: 14

TALLAHASSEE, FLORIG

ARTICLES OF ORGANIZATION OF INTEGRA BHI MANAGER LLC

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE 1

The name of this limited liability company shall be Integra BHI Manager LLC.

ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 150 SE 2nd Avenue, Suite 800, Miami, Florida 33131, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

ARTICLE III

The initial registered office of this limited liability company is 7777 Glades Road, Suite 300, Boca Raton, Florida 33434. The initial registered agent at that address is BCRA, LLC.

ARTICLE IV

This limited liability company shall commence its existence as of the filing hereof and shall exist perpetually thereafter unless sooner dissolved.

ARTICLE V

This limited liability company shall be a manager-managed company. The initial manager is Integra Solutions LLC.

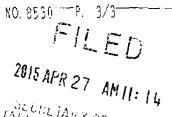
IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization as of the 27 day of April, 2015.

Matthew M. Thompson, Authorized Representative

Fax Audit Number: H15000102208 3

.APR. 27. 2015 10:05AM

Fax Audit Number: <u>H15000102208 3</u>



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0113, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST -- The name of the limited liability company is Integra BHI Manager LLC.

SECOND -- The name and address of the registered agent and office is:

BCRA, LLC 7777 Glades Road, Suite 300 Boca Raton, Florida 33434

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.

Dated as of the 27 day of April, 2015.

BCRA, LLC, a Florida limited liability company, as Registered Agent

Matthew M. Thompson, Manager

4849-9592-5283, J

Fax Audit Number: H15000102208 3