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Division of Corporations

P.001/002

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : GREENE HAMRICK QUINLAN & SCHERMER, P.A.
Account Number : I19990000030
Phone : (941) 747-1871
Fax Number : (941) 745-2866

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
BH Ridgelake, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

15 JUL 21 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 21 AM 9:12

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BH Ridgelake, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2 N. Tamiami Trail, Suite 104
Sarasota, Florida 34238

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robert F. Greene, Esq.
601 12th Street West
Bradenton, Florida 34205

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 605, F.S.

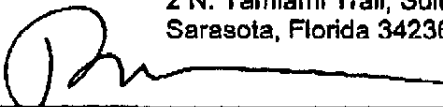

SIGNATURE

ARTICLE IV - Management:

The name and address of each person/entity authorized to manage and control the limited liability company:

Title:
MGR

Name and Address:
BH Sarasota, LLC
2 N. Tamiami Trail, Suite 104
Sarasota, Florida 34238


Signature of a member or an authorized representative of a member.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(In accordance with section 605.0203(1)(b), 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 in section 817.155, Florida Statutes)

Robert F. Greene
Typed or printed name of signer

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