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SECRETARY OF STATE OF

~ 02/05/18

COVER LETTER

Division of Corporations		
SUBJECT: BH Tag Agency LLC	Name of Limited Liability Company	
The enclosed Articles of Organization at	nd fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
Neil Huhta	Name of Person	
Boniface-Hiers Mazda	Firm/Company	
625 E Nasa Blvd	т пп/сопрану	
	Address	
Melbourne, FL 32901	City/State and Zip Code	
nhuhta@digital.net E-mail address:	(to be used for future annual report notificat	ion)
For further information concerning this m	atter, please call:	
Neil Huhta	at (321) 508-3616 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following am		
\$125.00 Filing Fee S130.00 Filing Certificate of	ng Fee & \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
84-20 A.J.J.	Stored Addition	

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liab			
BH Tag Agency LI	LC nd with the words "Limited	II jahility Company	"LLC "or "LLC")
(Widsi e	nd with the words. Ellinted	i Liability Company.	, E.E.C., or EEC.)
ARTICLE II - Address:			
The mailing address and stree	t address of the principal o	ffice of the Limited I	Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
625 E Nasa Blvd			
Melbourne, FL 32	901		
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	any cannot serve as its own	Registered Agent. Y	t's Signature: ou must designate an individual or
The name and the Florida stre	et address of the registered	agent are:	
	Neil Huhta		
		Name	
	625 E Nasa Blvd		
	Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
	Melbourne, FL 32901		
	City	State	Zin

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:		
Adolphus J Hiers		
2820 Riverside Drive		
Indialantic, FL 32903		
Neil Huhta		
3120 Southern Oaks Drive		
Merritt Island, FL 32952		
· · · · · · · · · · · · · · · · · · ·		
	Adolphus J Hiers 2820 Riverside Drive Indialantic, FL 32903 Neil Huhta 3120 Southern Oaks Drive	

REQUIREDSIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Mil Huhtq
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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