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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.

Account Number : I19980000057 : (850)973-4186 Phone Fax Number : (850)973-8564

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

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FLORIDA LIMITED LIABILITY CO. BH OPERATIONS, LLC

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OCT 1 4 2016

G. McLEOD

ARTICLES OF ORGANIZATION OF BH OPERATIONS, LLC

The undersigned subscriber to these Articles of Organization, a natural person, competent to contract, hereby executed these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I.

The name of this limited liability company is BH OPERATIONS, LLC.

ARTICLE II.

The period of duration for this limited liability company shall be perpetual.

ARTICLE III.

The mailing address and street address of the principal office of this limited liability company is 11361 Miccosukee Road, Tallahassee, Florida 32309.

ARTICLE IV.

The name and street address of the initial registered agent of this limited liability company is CLAY A. SCHNITKER, 519 West Base Street, Madison, Florida 32340.

ARTICLE V.

The only members of this limited liability company are PAUL BARDY, who shall receive a fifty five percent (55%) membership interest in this limited liability company, and KEVIN HORNE, who shall receive a forty five percent (45%) membership interest in this limited liability company. The members of this limited liability company may admit additional members to this limited liability company by unanimous vote of the members of this limited liability company.

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members to this limited liability company by unanimous vote of the members of this limited liability company.

ARTICLE VI.

The remaining members of this limited liability company shall have the right to continue the business of this limited liability company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

ARTICLE VII.

This limited liability company shall be a manager managed limited liability company and the managers are PAUL BARDY and KEVIN HORNE, each of whom shall have the right and authority to manage this limited liability company without the consent and joinder of the other.

ARTICLE VIII.

The organizing member of this limited liability company is PAUL BARDY.

IN WITNESS WHEREOF, the said organizing member has hereunto set his hand and seal this 11 day of 004, 2016.

BH OPERATIONS, LLC

PAUL BARUA Organizina Mamba

Organizing Member

STATE OF Michigan

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COUNTY OF DAKLAND

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County named above to take acknowledgments, personally appeared PAUL BARDY, as the organizing member of BH OPERATIONS, LLC, before me known to be the person described as the organizer in, and who executed the foregoing Articles of Organization, and acknowledged before me that he subscribed to these Articles of Organization.

WITNESS my hand official seal in the County and State named above this // day of , 2016.

My Commission Expires:

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OR PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 605, Florida Statutes, the following is submitted:

BH OPERATIONS, LLC, to organize or qualify under the laws of Florida, with its principal place of business at 11361 Miccosukee, Road, Tallahassee, Florida 32309, names CLAY A. SCHNITKER, whose address is Post Office Drawer 652, Madison, Florida 32341, and whose street address is 519 West Base Street, Madison, Florida 32340, as its registered agent to accept service of process within Florida, and for such other purposes as required for registered agents.

BH OPERATIONS, LLC

PAUL BARDY, Manager

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Dated: OC+ 11, 2016

Having been named to accept service of process for the above named limited liability company, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with, and accept the obligations of registered agent.

CLAY A SCHNITKER

Registered Agent

Dated: Oct. 11, 2016