

L1700057940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

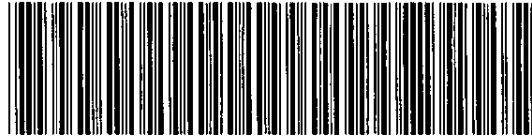
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



100296568491

03/15/17--01003--011 **125.00

03/16/17--01001--001 **30.00

FILED
2017 MAR 15 PM 3:52
TALLAHASSEE, FLORIDA

RECEIVED
2017 MAR 15 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

MAR 15 2017

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

3-15-17



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

LLC

1.

BHFF Funding Company, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

FILED
2017 MAR 15 PM 3:52
TALLAHASSEE, FL
STEP 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2017 MAR 15 PM 3:52

BHFH Funding Company, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRET
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

797 Mayport Road
Atlantic Beach, FL 32233

c/o Beaches Habitat for Humanity, Inc.
797 Mayport Road
Atlantic Beach, FL 32233

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Beaches Habitat for Humanity, Inc.

Name

797 Mayport Road

Florida street address (P.O. Box **NOT** acceptable)

Atlantic Beach FL 32233

City

State

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 605, F.S.

Beaches Habitat for Humanity, Inc.

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Beaches Habitat for Humanity, Inc.

797 Mayport Road

Atlantic Beach, FL 32233

MGR

Guy Cuddihee

797 Mayport Road

Atlantic Beach, FL 32233

MGR

Debbie Jones

797 Mayport Road

Atlantic Beach, FL 32233

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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.

Guy Cuddihee

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)

2011 MAR 13 PM 3:52
STATE OF FLORIDA
DEPARTMENT OF STATE