Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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 EAST LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

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JUL 3 2017

| , | ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY |
|---|--|
| | ARTICLE I - Name: The name of the Limited Liability Company is: |
| | BH EAST LLC (Must end with the words "Limited Liability Company, "L.I.C.," or "LLC.") |
| | ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| | Principal Office Address: 800 Claughty Island Dr. Soo Maughton Island Dr. #2204 Mia #2204 Mian; FL 33131 FL33131 |
| | 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: Rame |
| | 800 Chaugh ton 18 hand Drive # 2204 Florida street address (P.O. Box NOT acceptable) |
| | Mrami FL 3313/ |
| | 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 |
| | |

(CONTINUED)

Page 1 of 2

| Title: "AMBR" = Authorized Member "MGR" = Manageo (Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: | ARTICLE IV- The name and address of each person au | thorized to manage and control the Limited Liability Compa | цу; |
|---|---|--|---------------|
| TICLE V: Effective date, if other than the date of filing: (OPTIONAL) an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.) TICLE VI: Other provisions, if any. REOURED SIGNATURE: (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affernation under the penalties of perjuy 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 for in § 87.155, F.S.) Typed or printed name of signee | "AMBR" = Authorized Member | Luber D. Pena, | - I |
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