## L1700 184053

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	

Office Use Only

800303117188

17 SEP -6 PH 12: 41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

017 SEP -6 AM 10: 55

M. MOON SEP 0 6 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 125.00

-----

ORDER DATE: September 6, 2017

ORDER TIME : 9:59 AM

ORDER NO. : 797072-005

CUSTOMER NO: 4320946

## DOMESTIC FILING

NAME:

BH VILLAGE SQUARE WEST

APARTMENTS, LLC

## EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS:

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabili	ty Company is:			
	ARE WEST APART			
(Must cont	tain the words "Limite	d Liability Company, "I	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principa	office of the Limited Li	ability Company is:	
<u>Princip</u>	al Office Address:		Mailing Addres	<u>ss</u> :
13900 Parc Drive		13900	Parc Drive	
Palm Beach Gardens	, FL 33410	Palm E	Beach Gardens, FL 33410	)
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street	v cannot serve as its ov active Florida registra	vn Registered Agent, Yo tion.)		vidual or
The name and the Figure of the	_	-		
	Corporation Service	Name		
		1481116		
	1201 Hays Street			
	Florida street addr	ess (P.O. Box <u>NOT</u> acce	:ptable)	
	Tallahassee	FL	32301	
	City	State	Zip	
Having been named as registered in this certificate, blace designated in this certificate, further agree to comply with the prount familiar with and accept the ob	, I hereby accept the ap rovisions of all statutes	opointment as registered relating to the proper ar in as registered agent as j	agent and agree to act in nd complete performance provided for in Chapter 6 Me	this capacity. I of my duties, and I
		stered agent's Signature	(REQUIRED)	17 %
		(CONTINUED) Page 1 of 2		SEP-6 PHI
				PH 12: 41

R" = Authorized Member " = Manager	Name and Address:
" = Manager	·-
<u> </u>	Beverly K. Halpert
	13900 Parc Drive
	Pahn Beach Gardens, FL 33410
ttachment if necessary)	
effective date on the Department of S	t the applicable statutory filing requirements, this date will not be State's records.
effective date on the Debartment of a	
Other provisions, if any.	
Other provisions, if any.	
Other provisions, if any.	
Other provisions, if any.  URED SIGNATURE:	
URED SIGNATURE:  Marmila Das	
URED SIGNATURE:  Marmila Aas  Signature of a memb	per or an authorized representative of a member.
URED SIGNATURE:  Marmia Mas  Signature of a memb  This document is executed	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes.
Other provisions, if any.  URED SIGNATURE:  Signature of a memb This document is executed I am aware that any false interests.	per or an authorized representative of a member.
Differ provisions, if any.  JIRED SIGNATURE:  Signature of a membratis document is executed I am aware that any false into constitutes a third degree fee	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State
Differ provisions, if any.  URED SIGNATURE:  Signature of a membratis document is executed I am aware that any false independent of the constitutes a third degree feet.  Sharmila Das	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
Differ provisions, if any.  URED SIGNATURE:  Signature of a membratis document is executed I am aware that any false independent of the constitutes a third degree feet.  Sharmila Das	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
Differ provisions, if any.  URED SIGNATURE:  Signature of a membratis document is executed I am aware that any false independent of the constitutes a third degree feet.  Sharmila Das	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
Differ provisions, if any.  URED SIGNATURE:  Signature of a membratis document is executed I am aware that any false into constitutes a third degree feel.  Sharmila Das	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
Other provisions, if any.  URED SIGNATURE:	

Page 2 of 2