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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 7970725 4320946 Red
AUTHORIZATION:
COST LIMIT : \$ 125.00
ORDER DATE : September 6, 2017
ORDER TIME : 10:0 AM
ORDER NO. : 797072-020
CUSTOMER NO: 4320946
DOMESTIC FILING
NAME: BH K-G-W ASSOCIATES, LLC
の (2) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
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:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HI K-G-W ASSOCIATES, LLC (Must contain the words "Limited Liability Company, "L.L.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: Mailing Address: 13900 Pare Drive Palm Beach Gardens, FL 33410 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 registered agent are: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32301 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. Corporation Service Company Melissa Zende Asst. Vice Presic	The name of the Limited Liab	ility Company is:			
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: Mailing Address: 13900 Pare Drive Palm Beach Gardens, FL 33410 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: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32301 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 695, F.S. Corporation Service Company Melissa Zendo Asst. Vice Presidents	RH V.C: W ASSC	MOIATES IIC			
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			tered Agent's Sign	nature (REQUIRED)	Asst. Vice President
(CONTINUED)			(CONTINUED))	
Page 1 of 2			Page 1 of 2		

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"AMBR" = Authorized Member "MGR" = Manager MGR			
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MGR			
	Beverly K. Halpert		
	13900 Parc Drive		
	Palm Beach Gardens, FL 33410		
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ument's effective date on the Department of S LEVI: Other provisions, if any.	the applicable statutory filing requirements, this date will not be listate's records.		
REQUIRED SIGNATURE:			
REQUIRED SIGNATURE: Marmila Dal			
Sharmila Das	er or an authorized representative of a member.		
Marmula Dal Signature of a member This document is executed i	n accordance with section 605.0203 (1) (b). Florida Statutes.		
Signature of a member This document is executed in a mare that any false info	n accordance with section 605.0203 (1) (b). Florida Statutes, ormation submitted in a document to the Department of State		
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ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

