Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000259779 3)))



H170002597793ABCE

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GM FINANCIAL GROUP

Account Number : I19980000102 Phone

(954)428-8899

Fax Number

(954)428-6699

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

FLORIDA LIMITED LIABILITY CO. BBHL INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT-03-2017 08:39

FAU ADMISSIONS

15612972758

P.007/008

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	EC.L.I	: I -	Name	٠.

The name of the Limited Liability Company is:

BBHL INVESTMENTS, 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:

4362 DANIELSON DR. LAKE WORTH, FL 33467

4362 DANIELSON DR LAKE WORTH, FL 33467

ARTICLE UI - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited 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:

ALEXANDER C PADRON

Name

4362 DANIELSON DR

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

LAKE WORTH FL

33467

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Egistored Agent's Signature (REQUIRED

(CONTINUED)

17 OCT -3 AM 5:

2 (B. 2) 2 (B. 2) 2 (B. 2) OCT-03-2017 08:39

FAU ADMISSIONS

15612972758

P.008/008

Title:	
"AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR	ALEXANDER C PADRON
	4362 DANIELSON DR
	LAKE WORTH, FL 33467
AMBR	FERNANDO PADRON
	6425 APPLE WAY
	WEST PALM BEACH, FL 33406
	
V: Effective date, if other than the date tive date is listed, the date must be specifice.)	of filing: (OPTIONAL) ceific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be spefiling.) be date inserted in this block does not next a effective date on the Department.	post the applicable stop to a 2
filing.) the date inserted in this block does not need to ent's effective date on the Department of VI: Other provisions, if any.	post the applicable stop to a 2
V: Effective date, if other than the date tive date is listed, the date must be spefiling.) the date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any.	post the applicable stop to a 2
V: Effective date, if other than the date tive date is listed, the date must be speffling.) the date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not of State's records.
V: Effective date, if other than the date tive date is listed, the date must be specifing.) be date inserted in this block does not next a effective date on the Department of VI: Other provisions, if any. EQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not of State's records.
V: Effective date, if other than the date tive date is listed, the date must be specifing.) the date inserted in this block does not next a effective date on the Department of VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a menual decument is executed.	neet the applicable statutory filing requirements, this date will not of State's records.
V: Effective date, if other than the date tive date is listed, the date must be specifing.) The date inserted in this block does not not be specific to the Department of the University of of the	poset the applicable statutory filing requirements, this date will not State's records. 10/3/17 mber or an authorized representative of a member, add in accordance with section 605.0203 (1) (b). Florida Statutes.
V: Effective date, if other than the date tive date is listed, the date must be specifing.) The date inserted in this block does not not the entry offective date on the Department of the Other provisions, if any. EQUIRED SIGNATURE: Signature of a mental many fulse constitutes a third degree	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in 8.817.155, F.S.
V: Effective date, if other than the date tive date is listed, the date must be speffling.) be date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a ment of the document is executed I am aware that any false.	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in 8.817.155, F.S.
V: Effective date, if other than the date tive date is listed, the date must be speffling.) be date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a mention and any fulse constitutes a third degree	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in 5.817.155, F.S.

TOTAL P.008