

L18 000 053 735

(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



600309462186

02/28/18--01017--018 **160.00

FILED

18 FEB 28 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

18 FEB 28 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE

MAR 05 2018

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: BHR Advantage, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Cherie A. Boyce

Name of Person

BHR Advantage, LLC

Firm/Company

7150 Tippin Ave #10234

Address

Pensacola, Florida 32524

City/State and Zip Code

grantconsult@cox.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cherie Boyce 407 310-0809
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BHR Advantage, 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:

4301 Creighton Rd #125
Pensacola, FL 32504

Mailing Address:

7150 Tippin Ave #10234
Pensacola, FL 32524

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:

Dr. Cherie A. Boyce

Name

4301 Creighton Rd #125

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

Pensacola

Florida

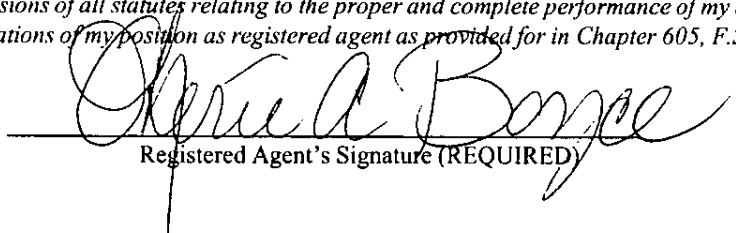
32504

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
18 FEB 28 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Cherie Boyce, MPA, PhD

4301 Creighton Rd #125

Pensacola, FL 32504

AMBR

Holly E. Fulford, BS

3864 Winona Street

Pensacola, FL 32504

AMBR

Robyn Epley

4222 Minstrell Lane

Fairfax, VA 22033

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 1, 2018. (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.

Cherie Boyce

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)

FILED
18 FEB 28 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA