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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : THOMAS K. BOARDMAN, P.A.

Account Number : 102350003270 Phone : (863)674-1027 Fax Number : (863)674-1029

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

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# FLORIDA LIMITED LIABILITY CO. BHM, LLC

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### ARTICLES OF ORGANIZATION

OF

#### BHM, LLC

The undersigned member hereby certifies that the undersigned member of this organization desires to form a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

#### CHARTER

#### ARTICLE I

NAME

The name of the limited liability company shall be BHM, LLC

#### ARTICLE II

The mailing address and the street address of the principal office of this limited liability company is 67 Riverbend Drive, LaBelle, Florida 33935.

#### ARTICLE III

#### DURATION

This limited liability company shall exist until August 31, 2049, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

THIS DOCUMENT PREPARED BY: Thomas K. Boardman THOMAS K. BOARDMAN, P.A. P.O. Box 2197 LaBelle, Florida 33975 (863) 674-1027 Florida Bar No. 103581

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#### ARTICLE IV

#### MANAGEMENT

This limited liability company shall be managed by its members. The name and address of the Manager/Members are as follows:

L.S. Mahan 67 Riverbend Dr. LaBelle, Florida 33935 E. Kay Mahan 67 Riverbend Dr. LaBelle, FL 33935

#### ARTICLE V

#### RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

#### ARTICLE VI

#### MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

Executed by the undersigned at LaBelle, Florida, on March \_\_\_\_\_\_, 2019.

STATE OF FLORIDA COUNTY OF HENDRY

KERENSA M. CLARK

Notary Public - State of Florida

Commission # FF 985208

My Comm. Expires Aug 14, 2020

Bonded through National Notary Assn.

Kheuse M. Clark NOTARY PUBLIC Name: Kerense M. Clark

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605. FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: BHM\_LLC
- 2. The name and address of the registered agent and office is:

(Signature)

L.S. Mahan (Name)

67 Riverbend Dr. (P.O. Box not acceptable)

LaBelle, Florida 33935 (City/State/Zipcode)

Having been named as registered agent and to accept service of process for the above state corporation 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.