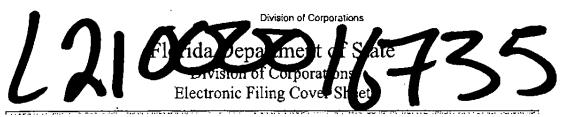
1/21/2021



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.

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : DELANEY CORPORATE SERVICES
Account Number : I20140000112
Phone : (800)717-2810
Fax Number : (518)465-7883

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

Email Address:______

FLORIDA LIMITED LIABILITY CO. BMH Group LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

2021 JAN 21 AM 11: 26

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	ility Company is:		
BMH Group LLC			
(Must co	ontain the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	t address of the principal c	office of the Lin	nited Liability Company is:
Princ	ipal Office Address:		Mailing Address:
136 Madiera Beacl	h Boulevard		6 Madiera Beach Boulevard
Kissimmee, FL 34			Kissimmee, FL 34746
ARTICLE III - Registered A The Limited Liability Compa	agent, Registered Office,	& Registered	Agent's Signature: ent. You must designate an individual or
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	gent, Registered Office, ny cannot serve as its own n active Florida registratio	& Registered Agon.)	
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	gent, Registered Office, ny cannot serve as its own n active Florida registratio	& Registered Agon.)	
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	Agent, Registered Office, ny cannot serve as its own n active Florida registration et address of the registered	& Registered Agon.)	
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	Agent, Registered Office, ny cannot serve as its own n active Florida registration et address of the registered	& Registered Agon.) f agent are:	
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	Agent, Registered Office, ny cannot serve as its own n active Florida registration et address of the registered Helio Alves Campos	& Registered Agon.) f agent are: Name	ent. You must designate an individual or
ARTICLE III - Registered A	Agent, Registered Office, ny cannot serve as its own n active Florida registration et address of the registered Helio Alves Campos 6 Madiera Beach Bo	& Registered Agon.) f agent are: Name	ent. You must designate an individual or

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.

(CONTINUED)

Fix lio JHv Compos

Registered Agent's Signature (REQUIRED)

<u> </u>	Name and Address:
"MGR" = Manager	
AMBR	Helio Alves Campos
	6 Madiera Beach Boulevard
	Kissimmee PL 34746
AMBR	Manuel Dias Loureiro Junior
	7 Church Street Ronkonkoma, NY 11779
	Manuel Dias Loureiro Junior 7 Church Street Ronkonkoma, NY 11779
A) (D)D	
AMBR	5 Gaynor Avenue
	Nesconset, NY 11787
	Bruno Mantovani Tristao Da Rocha 5 Gaynor Avenue Nesconset, NY 11787
EV: Effective date, if other than active date is listed, the date mu	the date of filing: (OPTIONAL) at be specific and cannot be more than five business days prior to or 90 days after
EV: Effective date, if other than active date is listed, the date must filing.) the date inserted in this block d	es not meet the applicable statutory filing requirements, this date will not be listed as
ective date is listed, the date mu of fiting.)	es not meet the applicable statutory filing requirements, this date will not be listed as
EV: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block duent's effective date on the Dep	es not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
E V: Effective date, if other than ective date is listed, the date must filing.) the date inserted in this block diment's effective date on the Dep E VI: Other provisions, if any. REQUIRED SIGNATURE:	es not meet the applicable statutory filing requirements, this date will not be listed as
EV: Effective date, if other than ctive date is listed, the date must filing.) the date inserted in this block dinent's effective date on the Dep EVI: Other provisions, if any. REQUIRED SIGNATURE: Lalc Signature This document I am aware that constitutes a thi	the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be listed as artment of State's records. **Conyco of a member fr an authorized representative of a member.** s executed in accordance with section 605.0203 (1) (b), Florida Statutes. The second of the degree felony as provided for in s.817.155, F.S. The second of the degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than ctive date is listed, the date must filing.) the date inserted in this block dinent's effective date on the Dep EVI: Other provisions, if any. REQUIRED SIGNATURE: Lalc Signature This document I am aware that constitutes a thi	es not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records. Canyo of a member of a nauthorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.