Division of Corporations Electronic Filing Cover Sheet

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(((H220001154973)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : FILE RIGHT LLC Account Number : 120170000091 Phone : (718)876-5811 Fax Number : (718)732-4590

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

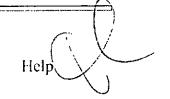
Email Address:

FLORIDA LIMITED LIABILITY CO. **BH LAND 2 LLC**

Certificate of Status	()
Certified Copy	0
Page Count	03
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2022-03-29 20:22:52 GMT

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From: Mark Fuchs

Fax Reference: H22000115497 3

COVER LETTER

	w Filing Section vision of Corporations			
CHOLFCT	BII LAND 2 LLC			
SUBJECT	Name of	Limited Liability Company		
The enclose	d Articles of Organization and fee(s)	are submitted for filing.		
Please retui	n all correspondence concerning this	matter to the following:		
		Name of Person	-	
	FILE RIGHT LLC	Name of Person		
		Firm/Company	-	
	5314 16TH AVENUE SUITE 139			
		Address		
	BROOKLYN, NY 11204		_	
:	sales@fileacorp.com	City/State and Zip Code	_ 28	
-	E-mail address: (to be us	sed for future annual report notification)	7 1 2022 MAR	
For further is	dormation concerning this matter, ple	ense call:	AR 2	
	Leahat	718 878-5811 () TC.	1 L L L	ì
	Name of Person	Area Code Daytime Telephone Number	AM 9: 34)
Enclosed is	a check for the following amount:	200 - 100 -	့် န	
\$12 5,00 Fi	ling Fee \$\text{\$\sum \$\sum \$\	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
	MailingAddress New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	StreetAddress New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Fax Reference: H220C0115497 3

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: BILLAND 2 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:
9601 COLLINS AVE #702	9601 COLLINS AVE #702
BAL HARBOR, FL 33154	BAL HARBOR, FL 33154

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:

MARC MAJESKI		
	Name	
9601 COLLINS AVI	£ #702	
Florida street address	s (P.O. Box <u>NOT</u> ac	cceptable)
BAL HARBOR	FL	33154
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, Thereby 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..

m familiar with and accept the	obligations of my positionas registered agent as provided for in Chapter (505, F.S =
	/ s / Marc Majeski	1
	Registered Agent's Signature (REQUIRED)	رَ
	(CONTINUED)	

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From: Mark Fuchs

Fax Reference: H22000115497 3

ARTICLE IV-

Title:	ithorized Member	Name and Address;	
"MGR" = Ma			
MGR = Mia	inger	BIT LAND 2 HOLDINGS LLC	
		9601 COLLINS AVE #702	
		BAL HARBOR, FL 33154	
			<u>_</u>
			
			
			
			
(Hen attachme	nt if necessary)		
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