02/20/2023 15:07 From: 17184082550 To: 18506176381 Date Time 02/20/23 03:07PM Pages: 3 P: 1/3



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.

(((H23000065893 3)))



H230000658933ABC3

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 : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

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

Email Address: atyberg@carenetworkhealth.com

# FLORIDA LIMITED LIABILITY CO. BHDIGITALVENTURE LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

(n) (23(00)5593 3)))

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

### BHDIGITALVENTURE LLC

(Must end with 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:
620 NE 175th Street	620 NE 175th Street
North Miami Beach, FL 33162	North Miami Beach, FL 33162

## 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:

;	Name	
620 NE 175th Street		
Florida street address (	P.O. Box <u><b>NOT</b></u> ac	rceptable)
North Minmi Beach	FI,	33162

Having been named as registered agent and to accept service of process for the above stated limited hability 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.

/s/ Leo Oberlander		
Registered Agent's Signature (REQUIRED)	_	
(CONTINUED)		
Page Lof 2		

SECRETARY OF STATE

. •			
12300006	5893 3)))		
	ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company:		
	Title: "AMBR" = Authorized Member	Name and Address:	
	"MGR" = Manager	Leo Oberlander	
	AMBR	620 NE 175th Street	
		North Miann Beach, FL 33162	
	MGR	Leo Oberlander	
		620 NE 175th Street	
		North Miami Beach, FL 33162	
	AMBR	David Salzman	
		711 Reads Lane	
		Far Rockaway, NY 11691	
	(Use attachment if necessary)		
ARTIC	LEV: Effective date, if other than the	date of filing: (OPTIONAL)	
		be specific and cannot be more than five business days prior to or 90 day.	
Note:	e of filing.) If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be I	
	rument's effective date on the Departi		
the doc	ILE VI; Other provisions, if any.		
	1121) The Council providence, it into.		

3/3

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 \$.817.155, F.S.

Leo Oberlander 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)

Page 2 of 2