L23000208023

(F	Requestor's Name)
	Address)
(/	Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
	Document Number)
ertified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Office Use Only



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2023 APR -5 PH 8: 20





April 4, 2023

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

Re: BHFRSH, LLC

Ladies and Gentlemen:

Enclosed please find my Cover Letter and Articles of Organization in regard to the above captioned limited liability company along with a check in the amount of \$160.00 representing the filing fee, certificate of status and certified copy.

I would appreciate your return via federal express overnight delivery using the enclosed self-addressed federal express envelope provided and charged to our federal express account.

Very truly yours, Fletcher Tilton PC

Welanie a. Ella

Melanie A. Ells

Enclosures Telephone: 508-459-8065 Email: mells@fletchertilton.com

2023 AFW -5 FK 8: 20

COVER LETTER

TO: New Filing Section Division of Corporations

BHFRSH, LLC

SUBJECT:

.

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:

Melanie Ells

Name of Person

Fletcher Tilton PC

Firm/Company

370 Main St., Ste. 1200

Address

Worcester, MA 01608

City/State and Zip Code

mfargo@thefinalconnection.com

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

For further information concerning this matter, please call:

Melanie Ells	508 at (459-8065
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the following amou	int:	
\$125.00 Filing Fee \$130.00 Filing I Certificate of S	tatus LlCer	5.00 Filing Fee & S160.00 Filing Fee. tified Copy onal copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address
New Filing Section		New Filing Section
Division of Corporations	;	Division of Corporations
P.O. Box 6327		Clifton Building
Tallahassee, FL 32314		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:

BHFRSH, 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:
4 Circle Drive	4 Circle Drive
South Burlington, VT 05403	South Burlington, VT 05403

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:

C T Corporation Sy	stem	
	Name	
1200 South Pine Isl	and Road	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Plantation	FL	33324
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. The further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and T am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

C T Corporation System

Theresa Buck, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Matthew Fargo
	4 Circle Drive
	South Burlington, VT 05403
MOD	
MGR	Lisa Fargo
	4 Circle Drive
	South Burlington, VT 05403
	······································
	<u> </u>
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: ________. (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.)

<u>Note:</u> 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.

REOUIRED SIGNATURE:

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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.

Matthew Fargo

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)