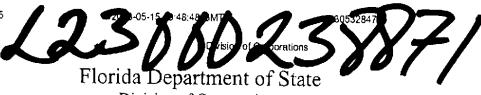
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May 15, 2023

FLORIDA DEPARTMENT OF STATE

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Joel G Pollock
Regulatory Specialist II
New Filing Section

FAX Aud. #: H23000177381 Letter Number: 323A00011044



ARTICLE	S OF ORGANIZATION FO	RFLORIDALI	MITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Lia	bility Company is:			
BH REAL ESTA	TE PLORIDA LLC	_		
(Must c	ontain the words "Limited	d Liability Cor	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal	affice of the L	imited Liability Company is:	
<u>Prin</u>	clpal Office Address:		Malling Address	:
1110 BRICKELL	AVE STE 400			
MIAMI, FL 3313			SAME	
The name and the Florida sire	NORKA MARTINE			
	1110 BRICKELL A			
	Florida street addres	is (P.O. Box <u>N</u>	OT acceptable)	
	MIAMI	, FL	33131	
	City	State	Zip	
place designated in this certifical further agree to comply with the p	e, I nereby accept the app provisions of all statutes re phligations of my position	ointment as regelating to the pas registered a	or the above stated limited liability of gistered agent and agree to act in the roper and complete performance of gent for provided for in Chapter 605 ignature (REQUIRED)	is capacity. I
		(CONTINU	ED)	

FILED
2023 MAY 15 MH II: 30
SECRETARY 15 MH II: 30

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	OVERCOME ESTATES LIMITED 1110 BRICKELL AVE STE 400 MIAMI, FL 33131
	
(Use attachment if necessary)	
CLE V: Effective date, if other than the de effective date is listed, the date must be a te of filing.)	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
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CLEV: Effective date, if other than the deeffective date is listed, the date must be at the of filing.) If the date inserted in this block does no current's effective date on the Department.	specific and cannot be more than five business days prior to or 90 do t meet the applicable statutory filing requirements, this date will not be
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MATIAS CHARAS, Director

Typed or printed name of signee

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