

To:

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5/12/23, 10:36 AM

2023-05-15 10:48:48 AM 30532847
Division of Corporations
L23000238871

From: Yanet Avila

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
BH REAL ESTATE FLORIDA LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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DIVISION OF CORPORATIONS
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2023-05-15 19:48:48 GMT

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From: Yanet Avila

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5/15/2023 2:13:57 PM PAGE 1/001 Fax Server



May 15, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations
EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: BH REAL ESTATE
FLORIDA LLC
REF: W23000069802

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must type the complete/legal name of the individual(s) signing the document in each signature block.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

If you have any further questions concerning your document, please call (850) 245-6052.

Joel G Pollock
Regulatory Specialist II
New Filing Section

FAX Aud. #: B23000177381
Letter Number: 323A00011044

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BH REAL ESTATE FLORIDA 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:

1110 BRICKELL AVE STE 400

MIAMI, FL 33131

SAME

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:

NORKA MARTINEZ

Name

1110 BRICKELL AVE STE 400

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL

33131

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, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

OVERCOME ESTATES LIMITED

1110 BRICKELL AVE STE 400

MIAMI, FL 33131

(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.)

Note: 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.

REQUIRED SIGNATURE:


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.817.135, F.S.

MATIAS CHARAS, Director

Typed or printed name of signer

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