# 1230003/1537

(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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# **CT CORP**

### (850) 656- 4724 3558 lakesore Drive Tallahassee, FL 32312

06/30/2023

D	ate:	06/30/2023	- wil DW
		Acc#I20160000072	4: ( ) = W
Name:	BAH Florid	da Ventures GP, LLC	
Document #:		<del></del>	
Order #:	15011874	- 1	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
Filing: Cert		d: 🗸	Email Address for Annual Report Notificati
	Plain: COGS:		leslie@tbsg.com
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amoun	t:\$ 155.00	

Thank you!

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BAH Florida Ventures	GP, LLC			
(Must contain	the words "Limited	Liability Company, "L	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addr	ress of the principal o	office of the Limited L	ability Company is:	
Principal Office Address:			Mailing Addi	ress:
6517 Mapleridge Street		6517 N	fapleridge Street	
Houston, TX 77081		Housto	on, TX 77081	
The name and the Florida street add	•	d agent are:	·	dividual or
The name and the Florida street add	_	d agent are:	···	
The name and the Florida street add	dress of the registere	d agent are: stem Name		
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The name and the Florida street add	dress of the registere  C T Corporation System  1200 South Pine Isla	d agent are: stem Name and Road	eptable) 33324	
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The name and the Florida street add	dress of the registere C T Corporation Sys  1200 South Pine Isla Florida street addres  Plantation City  ent and to accept serve thereby accept the applications of all statutes reations of my position	d agent are:  stem  Name  and Road  ss (P.O. Box NOT accompliate  Florida  State  pice of process for the appointment as registered agent as registered agent as	33324 Zip bove stated limited liab agent and agree to act nd complete performan provided for in Chapte.	oility company at the in this capacity. I nce of my duties, and
The name and the Florida street add faving been named as registered age place designated in this certificate, I h further agree to comply with the prov	dress of the registere C T Corporation Sys  1200 South Pine Isla Florida street addres  Plantation City  ent and to accept serve thereby accept the applications of all statutes reations of my position	d agent are:  stem  Name  and Road ss (P.O. Box NOT accomplished  State  vice of process for the appointment as registered agent as registered agent as	33324 Zip bove stated limited liab agent and agree to act nd complete performan provided for in Chapte.	vility company at th in this capacity. I nce of my duties, and

(CONTINUED)

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SECRETARY OF STATE

### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Doak D. Brown 6517 Mapleridge Street Houston, TX 77081
MGR	Wil C. Brown 6517 Mapleridge Street Houston, TX 77081
(Use attachment if necessary)	
(If an effective date is listed, the date must be sthe date of filing.)	the of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after  t meet the applicable statutory filing requirements, this date will not be listed as not of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a r This document is exec I am aware that any fa	member or an authorized representative of a member. Extended in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Doak D. Brown	

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)



Department of State / Division of Corporations / Search Records / Search by Entity Name /

## **Detail by Entity Name**

Name Reservation

BAH FLORIDA VENTURES GP, LLC

**Filing Information** 

**Document Number** 

R23000000106

FEI/EIN Number

NONE

Date Filed

04/18/2023

State

Status

**ACTIVE** 

Principal Address

**Mailing Address** 

Registered Agent Name & Address

NONE

Officer/Director Detail

NONE

**Annual Reports** 

No Annual Reports Filed

**Document Images** 

No images are available for this filing.