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. . . .

	New Filing Sec Division of Cor							
SUBJEC	BH350, LL	.c						
300320		Name	of Limited Liabi	lity Company				
The encl	osed Articles of	Organization and fee	e(s) are submitted	d for filing.				
Please re	turn all correspo	ondence concerning (his matter to the	following:				
	Peter M. Sta	rling, Esq.						
	Name of Person							
	Starling Law	v, P.A.						
			Firm/C	ompany				
	599 9th Street North, Suite 207							
			Add	ress				
	Naples, FL 3	34102						
City/State and Zip Code mike.wesson7@gmail.com								
		E-mail address: (to be	used for future	annual report notificati	ion)			
For further	r information co	ncerning this matter,	please call:					
	Peter M. Starling		239 at (302-6062				
	Nan	ne of Person	• • • • • • • • • • • • • • • • • • • •	Daytime Telephon	e Number			
Enclosed	l is a check for t	he following amount	:					
量\$125.	00 Filing Fee	□\$130.00 Filing I Certificate of Stat	us Certif	55.00 Filing Fee & ied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
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New Filing Section Division of Corporations				New Filing Section Division The Centre of Tallahassee				
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Tallahassee, FL 32314			Tallahassee, FL 32303					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:								
The name of the Limited Liability	Company is:							
BH350, LLC								
(Must conta	in the words "Limited I	iability Com	pany, "L.L.C.," or "LLC.")					
ADTICLE II A AAA								
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	ffice of the Li	mited Liability Company is:					
	-							
<u>Principa</u>	l Office Address:		Mailing Address:					
599 9th Street North			599 9th Street North					
Suite 207			Suite 207					
Naples, FL 34102			Naples, FL 34102					
ARTICLE III - Registered Ages								
another business entity with an ac			gent. You must designate an individual of	or .				
another business chitty with an ar	ctive i torida registratio	1423						
The name and the Florida street a	ddress of the registered	agent are:						
	Date M. Starling Co.	_						
	Peter M. Starling, Esq. Name							
	Natile							
	599 9th Street North, Suite 207							
	Florida street address (P.O. Box NOT acceptable)							
	Naples	FL	34102					
	City	State	Zip	;				
	A CONTRACTOR OF THE PARTY OF TH		6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
			for the above stated limited liability comp gistered agent and agree to act in this ca					
			proper and complete performance of my i					
			agent as provided for in Chapter 605, F.S					
i		/ "						
	/ AAAA	·-·-						
<u> </u>								
, ,	Registr	ered Agent's	Signature (REQUIRED)					
	market ware							
		(CONTINI	UED)					

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Michael D. Wesson II 599 9th Street North, Suite 207 Naples, FL 34102 (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. c. 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.817.155, F.S.

Michael D. Wesson II

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)