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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone) #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: DE	BH Development, Inc.		
	(PROPOSED CORE	PORATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the	ne articles of incorporation and	d a check for:
□ \$70. Filing F	=: • · · ·	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM		Name (Printed or typed)	
	3195 N. Powerline Rd., Suite 110		
		Address	
	Pompano Beach, FL 33069		
		City, State & Zip	
	954-551-9892		
	Dayt	ime Telephone number	
	john@urgi.co		
	E-mail address: (to b	e used for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	NCIPAL OFFICE Principal street address Mailing address, if differen		Mailing address, if different is:	
5 N. Powerline Rd.,	Suite 110			
npano Beach, FL 330	069			
FICLE III PURPO purpose for which the	NE ne corporation is organized is:			
ld New Residential I				
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			טור	iet.
			27	
			770 - TK	
			——— ——— ω	140
			<u>ö</u>	illia.
Name and Title		Name and Title		<u></u>
Address	3195 N. Powerline Rd.	Address:	3195 N. Powerline Rd.	
	Suite 110	 	Suite 110	
	Pompano Beach, FL 33069	<u>.</u>	Pompano Beach, FL 33069	
Name and Title:	Lajos Nagy, VP	Name and Title	Zoltan Kurucz, Sec.	_
Address	1259 W. Granada Blvd.	Address:	2967 N. Powerline Rd.	
	Suite 202		Pompano Beach, FL 33069	
	Ormand Beach, FL 32174			
Name and Title:	Endre Banfi, Treasurer	Name and Title	:	
Address	1259 W. Granada Blvd.	Address:		
	Suite 202			
	Ormand Beach, FL 32174			

Name a	and Title:	Name and Title:
Addres	ss	Address:
	MARKET WITH THE TAXABLE PROPERTY OF TAXABLE PROPERTY O	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	John Peters	22 And 126 And 120 And 120
Address:	3195 N. Powerline Rd., Suite 110	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Pompano BEach, FL 33069	
(D		
	<u>INCORPORATOR</u>	
The <u>name and a</u>	address of the Incorporator is:	
Name:	John Peters	_
Address:	3195 N. Powerline Rd., Suite 110	
	Pompano Beach, FL 33069	
4 35/2017 2 1 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Effective date, i	if other than the date of filing:	. (OPTIONAL)
(If an effective days after the f	date is listed, the date must be specific and cann	ot be more than five business days prior or 90 business
	te inserted in this block does not meet the applicable effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
	amed as registered agent to accept service of proces I am familiar with any accept the appointment as re	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
		7/25/16
	Required Signature/Registered Agent	Date
		e true. I am aware that the false information submitted in a
avcument to the	e Department of State constitutes a third degree felo	ny as provided for in s.ot/.155, F.S.
	JI27	1/25/16
Req	uired Signature/Incorporator	• Date