Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000117685 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

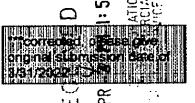
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION BH PROPERTIES HOLDINGS USA INC.



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Electronic Filing Menu

Corporate Filing Menu

Help



April 4, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations
(2ND FAX)

CAPITOL SERVICES, INC.

SUBJECT: BE PROPERTIES HOLDINGS USA INC.

REF: W22000042380

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.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.

http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

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

Tim Burch Senior Section Administrator New Filing Section FAX Aud. #: H22000117685 Letter Number: 922A00007622

2922 APP -2 PM 1:06

COVER LETTER

H22000117685

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

SUBJECT:	BH Properties Holdings USA	Inc.		
SUBJECT:	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	_
Enclosed are an or	riginal and one (1) copy of the a	rticles of incorporation and	i a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	a <u>,</u>	
				2022 APR
FROM: _	Capitol Services - Corporat	e Filings Team ne (Printed or typed)		770 770 -
	515 East Park Avenue 2nd			-2 PH
		Address		1:06
-	Tallahassee, Florida 32301	y, State & Zip		9
	(855) 498-5500	,,	·	
_	Daytime	Telephone number		
	adaponte@loonix.com			
	E-mail address: (to be us	sed for future annual report	notification)	

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

H22000117685

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

<u>ICLE II PRIN</u>	Principal street address	Mailing a	ddress, if different is:
3A-688 Fairchild R			······································
itish Columbia V52	Z 4P7		
TCLE III PURP purpose for which	OSE the corporation is organized is:Any and	dall lawful business.	
			50
TICLE IV SHAL	DES		022 APR
number of shares o	f stock is: 5,000	<u> </u>	1PR -2
NCIFV INITI	AL OFFICERS AND/OR DIRECTORS		-2 1
Name and Tit	Proc & Director	Name and Title:	2
	103A-688 Fairchild Road, Vancouver	_	c
Address		_ Address	• • • • • • • • • • • • • • • • • • •
	British Columbia V5Z 4P7		
Name and Titl	c;		
Address		Address:	
Name and Titl	e:	Name and Title:	
Name and Titl	e:		

Name an	d Title:	Name and Title:	H2Z000117685
Address		Address:	
			
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Capitol Corporate Services, Inc.		
Address:	515 East Park Averue 2nd Fl.		\$
	Tallahassee, Florida 32301		2022 er/
4 n m 2 t 1 t 1 t 1 t	INCORDOR ATOR		PRILED 2022 APR -2 PH I
<u> </u>	INCORPORATOR		EILED R-2 PH
The name and a	ddress of the Incorporator is: Adam Burt		P
Name:	Adam Bun		
Address:	135 Queens Plate Drive, Suite 600	_	
	Toronto, Ontario M9W 6V7, Canada		g γ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ
APTICI E VIII	EFFECTIVE DATE:		
Effective date, if	f other than the date of filing:	. (OPTIONAL anot be more than five days p) prior or 90 days after the
Note: If the date the document's	e inserted in this block does not meet the applica effective date on the Department of State's recor	ble statutory filing requirement ds.	ts, this date will not be listed as
Having been na certificate, I am	med as registered agent to accept service of proces familiar with and accept the appointment as regis	ss for the above stated corporati stered agent and agree to act in	on at the place designated in this this capacity
Toylor Day	Taylor Seay, as Asst. Secretary		3/31/2002
	Required Signature/Registered Agent		Date
I submit this do document to the	cument and affirm that the facts stated herein to Department of State constitutes a third degree fe	ure true. I am aware that the j lony as provided for in s.817.15	Talse information submitted in a S, F.S.
M R	+		March 31, 2022
Required Signat	ure/Incorporator	D	ate