

Florida Department of State  
Division of Corporations  
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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: \_\_\_\_\_

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

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

REC'D  
2022 APR 11:56  
CORPORATIONS  
RECEIVED  
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April 4, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
(2ND FAX)

CAPITOL SERVICES, INC.

SUBJECT: BH 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  
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TALLAHASSEE, FLORIDA

**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.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Capitol Services - Corporate Filings Team  
Name (Printed or typed)

515 East Park Avenue 2nd Fl  
Address

Tallahassee, Florida 32301  
City, State & Zip

(855) 498-5500  
Daytime Telephone number

adaponte@loonix.com  
E-mail address: (to be used for future annual report notification)

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

H22000117685

**ARTICLES OF INCORPORATION**

H22000117685

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

**ARTICLE I NAME**The name of the corporation shall be: BH Properties Holdings USA Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

103A-688 Fairchild Road, Vancouver  
British Columbia V5Z 4P7**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful business.**ARTICLE IV SHARES**The number of shares of stock is: 5,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Judy Laban Pres. & Director

Name and Title: \_\_\_\_\_

Address 103A-688 Fairchild Road, Vancouver

Address: \_\_\_\_\_

British Columbia V5Z 4P7

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Capitol Corporate Services, Inc.  
 Address: 515 East Park Avenue 2nd Fl.  
Tallahassee, Florida 32301

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Adam Burt  
 Address: 135 Queens Plate Drive, Suite 600  
Toronto, Ontario M9W 6V7, Canada

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 days after the 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.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity**Taylor Seay*

Taylor Seay, as Asst. Secretary

3/31/2002

Required Signature/Registered Agent

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.**ABJ*

Required Signature/Incorporator

March 31, 2022

Date

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