

1240000 671 65

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

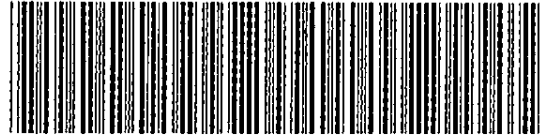
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900421738659

FILED

2024 FEB -8 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FL

2024 FEB -8 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FL

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 02/08/2024
Acc#I20160000072

m: c DW

Name:	BH Aire LLC
Document #:	
Order #:	15364115 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notificati
mgoicouria@mwe.com

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

Thank you!

ARTICLES OF ORGANIZATION

OF

BH AIRE LLC

The undersigned Manager signs these Articles of Organization and forms a limited liability company (the "**Company**") under the Florida Revised Limited Liability Company Act (the "**Act**"), as follows:

NAME

The name of the Company is: BH Aire LLC.

PRINCIPAL OFFICE MAILING ADDRESS

The mailing address and street address of the principal office of the Company is: 19403 Presidential Way, Miami, FL 33170.

NAME AND ADDRESS OF THE MANAGER

The name and address of the Manager of the Company are Veronica Sarabia, 19403 Presidential Way, Miami, FL 33170.

EXISTENCE

The Company's existence will commence upon filing.

INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent and office of the Company are: CT Corporation System, 1200 South Pine Island Road, Plantation, FL 33324.

By: 

Name: Veronica Sarabia

Title: Manager

ACCEPTANCE BY REGISTERED AGENT

I accept the appointment as Registered Agent of the Company to accept service of process on its behalf at the place designated in these Articles of Organization. I am familiar with, and accept, the obligations of my position as registered agent as provided for in the Act.

By: Kathryn A. Widdoes

Name: Kathryn A. Widdoes Assistant Secretary

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

Dated: February 8, 2024

FILED

2024 FEB - 8 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FL