# L14000317031

	(Requestor's Name)	
<del></del>		
	(Address)	
	(Address)	
<del></del>	(City/State/Zip/Phone #)	
	•	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
	0.45.4	<b></b> .
Certified Copies	Certificates of 3	Status
Special Instructions to	Filing Officer:	
ì		
		:
	_	

Office Use Only



# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/18/2024	_		⇔WAL	<i>K IN</i> **
ENTITY NAME BKR M	lountain View Holdings, LLC		<u> </u>	
DOCUMENT NUMBER			22	
	**PLEASE FILE THE ATTACHE	D AND RETURN**	2024 JUJE 18	
	Plain Copy		(C)	
XXXXXXXX	Certified Copy			
	Certificate of Status		o: 47	
	*PLEASE OBTAIN THE FOLLOWING FO Certified Copy of Arts & Amendment Certificate of Good Standing			
	**APOSTILLE' / NOTARIAL C	ERTIFICATION**		
COUNTRY OF DESTINA	TION			
NUMBER OF CERTIFICA				
TOTAL OWED \$155		ACCOUNT #: I201600		
		5. 8 FM	,	
Please call Tina at i	the above number for any issues	or concerns. Thank y	oo so much!	

# COVER LETTER

	New Filing Se Division of Co					
SUBJEC"		intain View Holdings, LLC	Ē			
SOBJEC		Name of Li	mited Liab	ility Company		
The enclo	sed Articles of	f Organization and fee(s) a	re submitte	d for filing.		
Please retu	urn all corresp	ondence concerning this m	natter to the	following:		
	Sarah Duma	as				
			Name o	f Person		
	Cozen O'Co	onnor				;
			Firm/C	ompany	<del></del> .	
	1801 N. Mi	litary Trail, Suite 200				
			Add	iress		·
	Boca Raton	, FL 33431				·
	ecompliance(		City/State a	nd Zip Code		: .
		E-mail address: (to be used	d for future	annual report notificat	ion)	
For further i	information co	oncerning this matter, pleas	se call:			
	Sarah Duma	s 5 at (	61	245-6110		
	Nan		Area Code	Daytime Telephon	e Number	
Enclosed i	s a check for t	the following amount:				
	) Filing Fee	□\$130,00 Filing Fee & Certificate of Status	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00   Certificate of Certified Co (additional co	of Status & Opy
Mailing Address  New Filing Section			Street Address New Filing Section Di			
	P.O. B	on of Corporations Box 6327 lassee, FL 32314		The Centre of Tallaha 2415 N. Monroe Stre- Tallahassee, FL 3230	et, Suite 810	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLESOF	ORGANIZATIONFORT	AYAKIDA TAMI	EDLIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability	y Company is:					
BKR Mountain View			***************************************			
(Must conta	in the words "Limited I	iability Compa	ny, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	ffice of the Lim	ited Liability Company is:			
<u>Principa</u>	l Office Address:		Mailing Add	ress:		
655 East Phelps Cany Jackson, WY 83001	on Road		555 East Phelps Canyon Roa lackson, WY 83001	ıd		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Age		dividual or	2024 Jill	·
The name and the Florida street a	ddress of the registered	agent are:			<u>;                                    </u>	ايس نشد.
	Registered Agents In-	c		•	සි	
		Name				
	7901 4th Street N. Su	ite 300			√ <u>@</u>	
	Florida street address	s (P.O. Box <u>NC</u>	T acceptable)	7	Elio El	
	St. Petersburg, FL 33	702				
	City	State	Zip			
Havina hoen named as registered o	agent and to accomt comi	on of process to	e tha ahawa etatad limitad liab	oility company at 1	the	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

David Roberta David Roberts, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Michael Adams 655 East Phelps Canyon Road Jackson, WY 83001
	7,024, 3:33- 1:5
	; 
(Use attachment if necessary)	
(If an effective date is listed, the date must be s the date of filing.)	te of filing:
REQUIRED SIGNATURE:	DocuSigned by.
This document is exec I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Stuart R. Morr	is, Esq., Authorized Representative  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)