

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I2008000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

| Email | Address: | | |
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FLORIDA LIMITED LIABILITY CO. CCH BH LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
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Help

To: FL DIVISION OF CORPORATIONS Page: 2 of 3 2025-02-07 19 47:05 GMT 18886118813 From: Vcorp Services, LLC

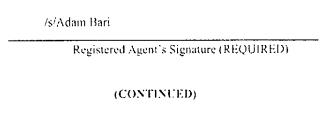
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| CCH BH | I.LC | |
|--|--|---|
| | (Must contain the words "Limited Liabilit | y Company, "L.L.C.," or "EL.C.") |
| ARTICLE II - Addr The mailing address a | ress: and street address of the principal office of Principal Office Address: | the Limited Liability Company is: <u>Mailing Address:</u> |
| | | 175 Delekio Delo. |
| c/o Carria | ige Club North, 5005 Collins Ave | 175 Dolphin Drive |
| <u>c/o Carria</u> Unit No. 0 | ge Club North, 5005 Collins Ave C-1 | Woodmere, NY, 11598 |

The name and the Florida street address of the registered agent are:

| Adam Bari | | |
|-----------------------|----------------------------------|-------------------|
| | Name | |
| c/o Carriage Club N | orth, 5005 Collins A | ve - Unit No. C-1 |
| Florida street addre. | ss (P.O. Box <u>NOT</u> a | cceptable) |
| Miami Beach | FL | 33140 |
| City | State | Zip |

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.



Page: 3 of 3

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Men "MGR" = Manager | nber nber |
| AMBR | Adam Bari |
| <u></u> | c/o Carriage Club North 5005 Collins Ave - Unit No. C-1, Miami Beach, FL 33140 |
| | Soos Conins Ave - Onic So. C-1, Anami Beach, FL 55140 |
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| (Use attachment if necessary | ı |
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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)