

L05000041968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

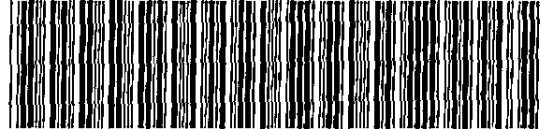
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Handwritten signature*

Office Use Only



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04/28/05--01001--021 \*\*130.00

RECEIVED  
05 APR 28 PM 3:38  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 APR 28 AM 7:13

FILED

CT CORPORATION

April 28, 2005

Department of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

FILED  
05 APR 28 AM 7:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6354014 SO  
Customer Reference 1: 71469  
Customer Reference 2: 010

Dear Department of State, Florida:

Please file the attached:

Bay 4 Free, LLC (FL)  
Formation  
Florida

Bay 4 Free, LLC (FL)  
Certificate of Status-Domestic  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Thank You !

Connie

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

FILED  
05 APR 28 AM 7:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bay 4 Free, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

c/o Renee Cantalupo  
662 Woodland Bayou  
Santa Rosa Beach, Florida 32459

Same  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Robert A. Schreck, Jr.

Name

McDermott Will & Emery LLP  
201 South Biscayne Blvd., 22nd Floor

Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33131-4336

City, State, and 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 608, F.S..*

  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Renee Cantalupo

662 Woodland Bayou

Santa Rosa Beach, FL 32459

MGRM

Robert A. Schreck, Jr.

McDermott Will & Emery LLP

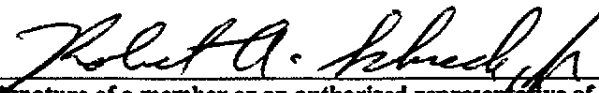
227 West Monroe

Chicago, Illinois 60606

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert A. Schreck, Jr.

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)**