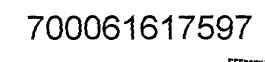
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APPHOVED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bay Affiliates, L.L.C. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Erica Arnold
(Name of Person)
(Firm/Company)
P.O. Box 41632 (Address)
(Address)
St. Petersburg, FL 33743
(City/State and Zip Code)
For further information concerning this matter, please call:
Erica Arnold at (727) 259-8067 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



January 9, 2006

ERICA ARNOLD 2898 66TH STREET NORTH SUITE 4 ST. PETERSBURG, FL 33710

SUBJECT: BAY AFFILIATES, L.L.C.

Ref. Number: W06000000984

We have received your document for BAY AFFILIATES, L.L.C., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Letter Number: 806A00001452

Leslie Sellers Document Specialist

ARTICLE I - Name:	Brechne Date
The name of the Limited Liability Con	apany is:
Bay Affiliates, L.L.C.	
(Must end with the words "Limited Liability Compa	tny, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	D.O. D. 44000
2898 66th St. N., Suite 4	P.O. BOX 41632
2898 66th St. N., Suite 4 St. Petersburg, FL 33710 ARTICLE III - Registered Agent Ri	P.O. Box 41632 St. Petersburg, FL 33743 Pagistered Office & Registered Agent's Signature:
St. Petersburg, FL 33710 ARTICLE III - Registered Agent, Re(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	St. Petersburg, FL 33743 egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
St. Petersburg, FL 33710 ARTICLE III - Registered Agent, Re(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	St. Petersburg, FL 33743 egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
St. Petersburg, FL 33710 ARTICLE III - Registered Agent, Re(The Limited Liability Company cannot serve as its	St. Petersburg, FL 33743 egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
St. Petersburg, FL 33710 ARTICLE III - Registered Agent, Re(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	St. Petersburg, FL 33743 egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Erica Arnold 2898 66th St N.	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: Name , Suite 4
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Erica Arnold 2898 66th St N.	St. Petersburg, FL 33743 egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: Name
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Erica Arnold 2898 66th St N. Florid St. Petersburg,	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: Name , Suite 4

dregistered 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. 06 JAN -9 PM 3: 40

Registored Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

MGRM		Erica Arnold
	-	2898 66th St N, Suite 4
		St. Petersburg, FL 33710
	ur.	
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	.	
Use attachment if	necessary)	
LE V: Effective da	te, if other than the	date of filing: January 1, 2006 (OPTION
fective date is listed days after the date	d, the date must be e of filing.)	e specific and cannot be more than five business d

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.)

ERICA HRNOLD

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)