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# **COVER LETTER**

	gistration Section vision of Corporations	
SUBJECT:	BAY Life Homes LLC  Name of Limited Liability Company	
The enclosed	d Articles of Organization and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this matter to the following:	
-	Christopher C. Willingham Name of Person	_
-	Bay Life	_
	Firm/Company	
_	4838 W. Flaringo Rd.	
	Address	
_	TAMPA FL 33611 City/State and Zip Code	_
	City/State and Zip Code  Chriswilly 44 @ Hot Mail. com  E-mail address: (to be used for future annual report notification)	
For further in	information concerning this matter, please call:	
Chris	Name of Derson at (813) 340-1329  Name of Derson Area Code Daytime Telephone Number	
Enclosed is a	a check for the following amount:	
□ \$125.00 Fili	ing Fee	
	Mailing Address Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
BAY Life Homes LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "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:
4838 W. Flamingo Rd TAMPA FL 33611 TAMPA FL 33611
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Christopher C. Willingham  Name  4838 W Flormingo Rd
Name
4838 IN Floming O. R.S.
Florida street address (P.O. Box NOT acceptable)
TAMPA FL 33611 City Zip
City
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  Registered Agent's Signature (REBUIRED)
(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Khosrow Jabbari
	Thmph FL 33629
Use attachment if necessary)	
E V: Effective date, if other than the date	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
·	
E VI: Other provisions, if any.	
	La Millian
REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the Department of State of the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of pena
(In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	5.0203 (1) (b), Florida Statutes, the execution of this document rethe penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State

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)