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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Bayley and Bayley Home Repairs and Remodeling, LLC
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:

	erricita Ken	Name of Person	
	Bayley as	Bayley Firm/Company	
_ P	2.0. Box 30	32 Address	
		Addless	
	elle Glade	FL 33430 ity/State and Zip Code	
	C	ity/State and Zip Code	
barrer	E-mail address. (to be used	ornail. Com	ation)
For further information	on concerning this matter, plea	se call:	
erricita le	ncy Bouley at (54() 713 9- Area Code Daytime Te	795 Iephone Number
Enclosed is a check fo	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
			المستان برايست

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

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15 MAY -4 PM 2: 10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bayley and Bayley Home Repairs and Premodeling, LL (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:			
1-08 Simulath St.	P.O. Box			

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Terricita Henry Bayley
Name

608 S.W. 10th St.
Florida street address (P.O. Box NOT acceptable)

Belle Glade FL 33430
City 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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

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15 MAY -4 PM 2: 11

SECRETARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	-
AMBC	Terricita Henry Bayley
	608 SW 10th St.
	Actie Glade PC-33730
Ambr	(e) Illian E Bankou
	10092 S.W. 10th St.
	Belle Glade, FI 33430
AMBR	, -
HUNC	Mensi J. Henry
	Belle Glade, Fl. 33430
	bette brane, per 1313
Arebr	Rudi Bayley
	P. G. BOX 3037
	Bielie Glade, El 33430
(Use attachment if necessary)	,
CLE V. Effective data if other than the data of filing.	(OPTIONAL)
CLE V: Effective date, if other than the date of filing:	(OPTIONAL) I cannot be more than five business days prior to or 90 days af
tte of filing.)	t cannot be more man five business days prior to or 50 days an
CLE VI: Other provisions, if any.	
	No. 01. 70. 40. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Terricita Henry Bayley
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)

ARTICLE IV-

Page 2 of 2

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SECRETARY OF STATE