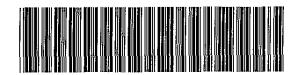
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
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			Officer Search
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			Fictitious Owner Search
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TRANSMITTAL LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: AncHor BAY, 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:

OVerhook DR.
(Address)

For further information concerning this matter, please call:

PAUL WYRAT
(Name of Person) __ at (850 __) __ 585 - 0993 ___ (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR ELORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR EDUCATION FOR E				
ARTYCLE I - Name: The name of the Limited Liability Company is: Anctor BAY, 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:				
42 Over Look DR. Miramar Beach Ft. 32550 42 Over Look DR. 42 Over Look DR. Miramar Beach Ft. 32550				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
The name and the Florida street address of the registered agent are:				
PAUL WYANT Name				
Name				
42 Overlook DR.				
Florida street address (P.O. Box <u>NOT</u> acceptable)				
Miraman Beach FL 32550 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)

Page 1 of 2

ARTICLE IV- Manager(s) or M The name and address of each Man	nager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	PAUL CLYMAT
	_
(Use attachment if necessary)	=-
NOTE: An additional article mu	ist be added if an effective date is requested.
REQUIRED SIGNATURE:	-
Paul	l Wyant
Signature of a me	ember or an authorized representative of a member.
of this document of	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)
PAUL	WynnT Typed or printed name of signee
	<u>Filing Fees:</u> \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)