## L04000035583

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(C)	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
		914
	Office Use Only	These



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

> Re: 3578 Bali Drive, LLC

To whom it may concern:

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen Petersen 2425 Gulf of Mexico Dr., #7A Longboat Key, FL 34228

In addition, if possible we would request that a copy of the filed articles be faxed to Ms. Petersen at (941) 383-2728. For further information, please call Miss Petersen at (941) 383-9422. Thank you very much.

Very truly yours,

Jeffrey T. Petersen

\$155.00 Ends.

Filing (\$100.00)

Designation Registered Agent (\$25.00)

Certified Copy (5 30.00)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY US STATE	04 MAY -4	
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ARTICLE I - Name:

The name of the Limited Liability Company is:

Bal: Drive, 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:

Suite 105-171 Longboot Key, TL 34228

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

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

Kathleen Detersen

2425 Gulf of Mexica Dr. ,# 74
Florida street address (P.O. Box NOT acceptable)

Longboat Key, FLORIDA 34228
City, State, and Zin

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, Florida Statutes..

Page 1 of 2 (CONTINUED)

	CLE IV- Manager(s) or Manag		OL MAY
The na	ame and address of each Manager	r or Managing Member is as follows:	ASS.
	" = Manager "M" = Managing Member	Name and Address:	AHIO: 46
<u>Ma</u> Mo	noging Member	tathleen Petersen 2425 Gulf of Mexic Longboot Lay, Fi	CO Dr. #71 34228
(Use a	ttachment if necessary)		<del></del>
		May 3, 2004 is requested added if an effective date is requested	
REQL	JIRED SIGNATURE:		·
	Signature of a member or arts	T. Peterson authorized representative of a member.	·
	(In accordance with section 608 of this document constitutes an that the facts stated herein are to	3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury rue.)	and the second
	TEFFREY Typed or pr	T. PETERSEN rinted name of signee	
\$ 25.00 Designat \$ 30.00 Certified	ee for Articics of Organization tion of Registered Agent I Copy (Optional) te of Status (Optional)	-	  