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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bay Consulting & Security LC
(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:

Clay W. Sherman
(Name of Person)

Bay Consulting & Security LC
(Firm/Company)

1719 New Jersey Avenue
(Address)

Lynn Haven, Florida 32444
(City/State and Zip Code)

For further information concerning this matter, please call:

Clay W. Sherman at (850) 271-5329 or 814-4123
(Name of Person) (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

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JUL 20 11 2:12
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bay Consulting & Security LC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1719 New Jersey Ave
Lynn Haven
Florida 32444

Mailing Address:

1719 New Jersey Ave.
Lynn Haven
Florida 32444

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

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

Clay W. Sherman
Name

1719 New Jersey Ave.
Florida street address (P.O. Box **NOT** acceptable)

Lynn Haven FLORIDA 32444
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, Florida Statutes..

CW Sherman
Registered Agent's Signature

FILED
CLAY W. SHERMAN
REGISTERED AGENT
STATE OF FLORIDA

NOV 29 2012

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Clay W Sherman
1719 New Jersey Ave
Lynn Haven FL 32444

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Clay W Sherman
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.)

Clay W Sherman
Typed or printed name of signee

Filing Fees:

\$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)

CLAY W. SHERMAN
VILAHASSEE, FLORIDA

06 JUN 76 PM 2:12

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