

604000065894

(Requestor's Name)

(Address)

(Address)

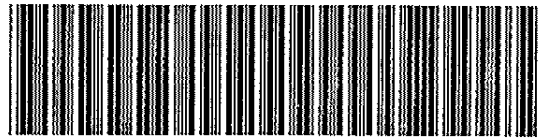
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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07/26/04--01039--007 **160.00

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TALLAHASSEE, FLORIDA

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Mr. Stalvey
 Special Instructions to Filing Officer: *GAVE*
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 SUBJECT: *Sealix & P/O & mailing address*
 DATE: *9/8/04*
 DOC EX/AM: *Alt*

Office Use Only

604-65894
Alt

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAYSCAPES CONTRACTORS
(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:

GARY B. STALVEY
(Name of Person)

BAYSCAPES CONTRACTORS
(Firm/Company)

P.O. BOX 1033
(Address)

EASTPOINT, FL 32328
(City/State and Zip Code)

For further information concerning this matter, please call:

GARY B. STALVEY at (850) 670-5256
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 28, 2004

GARY STALVEY
~~152 SOUTH BAYSHORE DR.~~ P.O. Box 1033
EASTPOINT, FL ~~32828~~ 32828

SUBJECT: BAYSCAPES CONTRACTORS
Ref. Number: W04000028944

We have received your document for BAYSCAPES CONTRACTORS and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 904A00047442

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

BAYSCAPES CONTRACTORS, 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:

P.O. BOX 1033

JAME

EASTPOINT, FL 32828

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

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

GARY B. STALVEY
Name

152 SOUTH BAYSHORE DR

Florida street address (P.O. Box NOT acceptable)

EASTPOINT FLORIDA 32828

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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..

Gary B. Stalvey

Registered Agent's Signature

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 + MGRM

GARY B. STALVEY
152 SOUTH BAYSHORE DR
EASTPOINT, FL 32828

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

✓ Gary B. Stalvey
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.)

GARY B. STALVEY
Typed or printed name of signer

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TALLAHASSEE, FLORIDA

- 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)

120.00