## 19000001488age 13 Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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: (850)205-0383

Account Name

: NATIONAL CORPORATE RESEARCH, LTD.

Account Number : 12000000088 Phone

: (800)221-0102

Fax Number

: (212)564-6083

## LIMITED LIABILITY COMPANY

## BAY VILLA ELC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Bay Villa, 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:

Bay Villa, LLC

Bay Ville, LLC

2601 S. Roosevelt Blvd., A605

2601 S. Roosevelt Blvd., A605

Key West, FL 33040

Rey West, FL 33040

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

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

Gary Onderdonk

Name

2601 S. Roosevelt Blvd., A605

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

Key West, FL 33040

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.

Gary Onderdonk

Registered Agent's Signature

Print Name (& Title, if applicable)

(CONTINUED)

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SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s)	ARTICL	E IV-	Manager(s)	or Managing	Member(s):
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The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	· ·
"MGRM" = Managing Member	,
mgrm	Gary Onderdonk
	2601 S. Roosevelt Blvd., A605
	Key West, FL 33040
	·
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(Use attachment if necessary)	۽ دو
(Ose attacement it necessary)	i i
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
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Nan E	L'rider domb
Signature of a memb	per or an authorized representative of a member.
(In accordance with s	ection 608.408(3), Florida Statutes, the execution
of this document cons	stitutes an affirmation under the penalties of perjury
that the facts stated be	•
Gary Onder	
T	yped or printed name of signee
g Fees:	
.00 Filing Fee for Articles of Organization ar	no Designation
of Registered Agent .00 Certified Copy (Optional)	
.00 Certificate of Status (Optional)	
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