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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

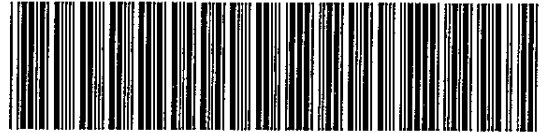
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06/06/05--01042--023 \*\*160.00

06/06/05

05 JUN -5 PM 4:00

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations  
409 E. Gaines Street  
P.O. Box 6327  
Tallahassee, FL 32399

**SUBJECT:** BAY STREET #8, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

A. Yvonne Sanford

(Name of Person)

Law Office of J. Mark Fisher

(Firm/Company)

148 Miracle Strip Parkway, SE, Suite 2

(Address)

Ft. Walton Beach, FL 32548

(City/State and Zip Code)

For further information concerning this matter, please call:

A. Yvonne Sanford at ( 850 ) 244-8989

(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

05 JUL -6 PM 12:01  
FRI

05 JUL -6 PM 4:00  
FRI

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **BAY STREET #8, 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:**

**1335 Creighton Road**  
**Pensacola, FL 32504**

**1335 Creighton Road**  
**Pensacola, FL 32504**

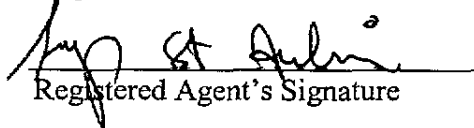
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Name: Lys St. Aubin

Address: 1335 Creighton Road  
Pensacola, FL 32504  
(P.O. Box **NOT** acceptable)

*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)

05 JUN -5 PM 4:01

**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

Lys St Aubin

1335 Creighton Road

Pensacola, FL 32504

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Lys St Aubin*  
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.)

LYS ST AUBIN  
Typed or printed name of signee

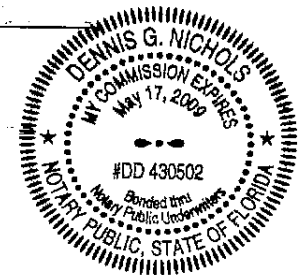
**STATE OF FLORIDA  
COUNTY OF ESCAMBIA**

The foregoing instrument was acknowledged before me this June 1 2005 by LYS ST AUBIN who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

*[Signature]*  
NOTARY PUBLIC

**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)



FILED  
65 JUN -6 PM 11:01