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(Address)

(Address)

(City/State/Zip/Phone #)

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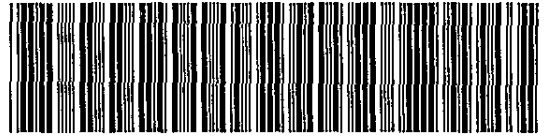
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M. HODGES

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## TRANSMITTAL LETTER

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

**SUBJECT:** BAY STREET #14, LLC

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

Please return all correspondence concerning this matter to the following:  
J. MARK FISHER - Attention: Sandy

\_\_\_\_\_  
(Name of Person)

Law Office of J. MARK FISHER  
(Firm/Company)

148 Miracle Strip Pkwy, SE, Suite 2  
(Address)

Ft. Walton Beach, FL 32548  
(City/State and Zip Code)

For further information concerning this matter, please call:

J. MARK FISHER 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: Bay Street #14, 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, Florida 32504

1335 Creighton Road  
Pensacola, Florida 32504

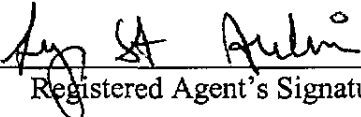
### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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)

**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:**

  
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 JUN 22 2005 by LYS ST AUBIN who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

  
J. MARK FISHER, 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)**



J Mark Fisher  
My Commission DD158800  
Expires November 20, 2006