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☐ WAIT ☐ MAIL
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Certificates of Status
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SECRETARY OF STATE

### CAPITAL CONNECTION, INC.

CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
BHAY Investments, CLO	TALLANDSSEE, FLORIDA
·	Art of Inc. FileLTD Partnership File
	Foreign Corp. File L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: 10/12 1/1:00	UCC 1 or 3 File
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## ARTICLES OF ORGANIZATION OF BHAY INVESTMENTS, LLC

#### **ARTICLE I - NAME**

The name of the limited liability company is BHAY INVESTMENTS, 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:

2300 North Scenic Highway

P.O. Box 832

Lake Wales, Florida 33898

Lake Wales, Florida 33859

#### ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Richard E. Straughn, Esq. 255 Magnolia Avenue Winter Haven, Florida 33883

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.

Richard E. Straughn, Esq.

#### ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

**MGMR** 

J. Timothy Shortly

P.O. Box 832

Lake Wales, Florida 33859

**MGMR** 

Tara J. Shortly P.O. Box 832

1.O. DOX 032

Lake Wales, Florida 33859

**REQUIRED SIGNATURE:** 

Signature of a member of 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.)

J. Timothy Shortly

Typed or printed name of signee