

1080000 47640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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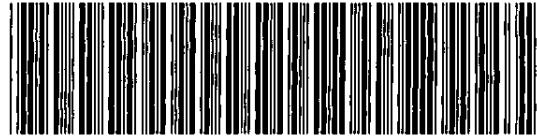
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MA Thomas MAY 13 2008

**CATHERINE T. GILIBERTI  
150 MAIN STREET  
ROSLYN, NY 11576  
(917) 783-1020**

**VIA FEDERAL EXPRESS**

May 9, 2008

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301


**Re: Bays of Our Lives Farm, LLC**

Ladies and Gentlemen:

On May 8, 2008, an original Cover Letter and Articles of Organization was forwarded to you without the required \$160.00 Filing Fee. Enclosed is a check in that amount together with duplicate originals of the Cover letter and Articles of Organization.

Thank you.

Sincerely,

  
Catherine T. Giliberti

Encls.-3

bays of our lives letter

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**TALLAHASSEE, FLORIDA**

## COVER LETTER

ATX1

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BAYS OF OUR LIVES FARM, LLC  
(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:

NEIL GARGIULO, CPA  
(Name of Person)

BAYS OF OUR LIVES FARM, LLC  
(Firm/Company)

120 BROADWAY, STE 945  
(Address)

NEW YORK, NY 10271  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

NEIL GARGIULO, CPA at 212-587-7270  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

BAYS OF OUR LIVES FARM, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:**BAYS OF OUR LIVES FARM, LLCBAYS OF OUR LIVES FARM, LLC120 BROADWAY, STE 945120 BROADWAY, STE 945NEW YORK, NY 10271NEW YORK, NY 10271**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MARTIN DEAN

Name

2660 F ROADFlorida street address (P.O. Box NOT acceptable)LOXAHATCHEEFL 33470

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..*

  
\_\_\_\_\_  
(Registered Agent's Signature (REQUIRED))

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SECRETARY OF STATE

BAYS OF OUR LIVES FARM, LLC

ATX1

**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:**

MGRM

CATHERINE GILIBERTI

150 MAIN STREET

ROSLYN, NY 11576

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(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**

Catherine T. Giliberti  
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.)

CATHERINE<sup>T</sup> GILIBERTI

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**