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(Re	questor's Name)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone #)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
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Special Instructions to	Filing Officer:	
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M. THOMAS

SEP - 2 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bay Area Code Consulting 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:	
Manuel T. Perrone	
(Name of Person)	
Bay Area Code Consulting LLC	
(Firm/Company)	
1320 E. 8th Ave. #8	
(Address)	•
Tampa, Florida 33605	7
(City/State and Zip Code)	FILE
Tampa, Florida 33605 (City/State and Zip Code) For further information concerning this matter, please call:	
	٥
Manuel T. Perrone at (813) 504-3503 (Area Code & Daytime Telephone Number)	
(Name of Ferson) (Nica code to Daytime Felephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Limited Liability Company i	3.	
	ode Consulting LLC Must end with the words "Limited Lia	Lille Company of I C	" "I I C ")
()	Musi end with the words Limited Lia	onity Company, L.L.C.	, or Ele.)
ARTICLE II - A		principal office of	the Limited Liability Company is:
Principal Office	Address:	Mailing Addr	ress:
1320 E. 8th Ave. ;	#8	1320 E. 8th Ave.	#8 28 2
	33605	Tampa, Florida	33605
(The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own Regin active Florida registration.) e Florida street address of the Manuel T. Perrone	gistered Agent. You mus	t designate an individual or another
	Nan	ne	
	1320 E. 8th Ave.	#8	
	Florida street a	address (P.O. Box <u>NO</u>	T acceptable)
	Tampa, Florida	33605	
	City, State	e, and Zip	
liability comp registered agent	pany at the place designated in and agree to act in this capac	n this certificate, I l city. I further agree	process for the above stated limited hereby accept the appointment as to comply with the provisions of all 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)

ARTICLE IV- Manager(s) or Managing Member(s):

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

IGR	Manuel T. Perrone
	1320 E. 8th Ave. 神多
	Tampa, Florida 33605
·	
·	**************************************

	FECTE B
(Use attachment if necessary)	SECRETARY OF STATE
LE V: Effective date, if other than	the date of filing: (OPTIONAL)
fective date is listed, the date mus days after the date of filing.)	st be specific and cannot be more than five business days price

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.)

Manuel T. Perrone

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)