L08000108176

	(Requestor's Name)
	(Requestors Name)
	(Address)
	(Address)
•	
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
0 11 1	

Special Instructions to Filing Officer:

A. LUNT

DEC - 3 2008

EXAMINER

Office Use Only



900138160059

12/01/08--01068--011 **30.00

2000 DEC - | PM 2: 00
SECRETARY OF STATE

FILED

COVER LETTER

TO: Registration Division of	n Section Corporations					
_{SUBJECT:} West	Bay Enterprizes, LL	С				
	(Name o	f Limited Liability Co	mpany)			
Dear Sir or Madam:						
The enclosed Article	es of Correction and fee(s) a	re submitted for filing.				
Please return all cor	respondence concerning this	matter to the followin	g:			
Mary Louise A	mbrose				N 2	
	(Name of Person)		-	SEC	2008	
West Bay Enter			_	RE IAI	2008 DEC - J	
	(Firm/Company)			SEE (-	
2167 Lanai Ave	nue			OF S	P	
	(Address)		_	STATI	PM 2: 00	(
Belleair Bluffs, F	FI 33770			∌"" ∂	5	
	(City/State and Zip Code)		_			
For further informat	ion concerning this matter, p	olease call:				
Mary Louise Amb	prose	at (727	433-4045			
(V	ame of Person)	(Area Code o	& Daytime Telephone Number)	1		
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	ŀ		
Enclosed is a check	for the following amount:	:				
□ \$25 Filing Fee	☑ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	Ł		

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST West Bay	: The name of the limited liability company is:							
SECO (CH	ND: The articles of organization or the application to transact business ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	'ATEMI	<u>ENT</u>					
√	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Entity Name was incorrectly entered as "East Bay Enterprizes, LLC. The CORRECT Name should be							
	West Bay Enterprizes, LLC.	SEGRE	2008 DEC					
		ASSEE, F	<u></u>					
 1	OR Was defectively signed. The manner in which the document was defectively	STATE new	2: 00					
	the appropriate correction are as follows:							
	· ·							
Dated:	November 25 2008.							
	Signature of a member or authorized representative of a member Mary Louise Ambrose							
	Typed or printed name of signee Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)							

Electronic Articles of Organization For Florida Limited Liability Company

L08000108176 FILED 8:00 AM November 20, 2008 Sec. Of State nculligan

Article I

The name of the Limited Liability Company is: EAST BAY ENTERPRIZES, LLC

Article II

The street address of the principal office of the Limited Liability Company is: 2167 LANAI AVENUE BELLEAIR BLUFFS, FL. 33770

The mailing address of the Limited Liability Company is: 2167 LANAI AVENUE

2167 LANAI AVENUE BELLEAIR BLUFFS, FL. 33770

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

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

MARY LOUISE AMBROSE 2167 LANAI AVENUE BELLEAIR BLUFFS, FL. 33770

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.

Registered Agent Signature: MARY LOUISE AMBROSE

Ç®~√©á‡•♥® ||ÿ•©©Ç•H@• ÉA♣ Asticlev (∩►B\$H+@ä)
USU°É!!The hähe and address of managing members/managêts med66vü∩©• | Novembe | 1000 |

* CÇ♣•• Title: TMGRM |

MARY LOUISE AMBROSE
2167 LANAI AVENUE
BELLEAIR BLUFFS, FL. 3370

Article VI

The effective date for this Limited Liability Company shall be: 11/17/2008

Signature of member or an authorized representative of a member Signature: MARY LOUISE AMBROSE