Florida Department of State Division of Corporations

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FLORIDA/FOREIGN LIMITED LIABILITY CO

201 BAYLISS, LLC

Certificate of Status	U
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S. HAWKES JUN 1 1 2009

EXAMINER

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COVER LETTER

TO:	Registration Division of C			
ឧបមរា	SCT:	20	01 Bayliss, LLC	
		Name of Limit	ed Liability Company	
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Plenso	etum all corres	pondence concerning this mat	ter to the following:	
•		Julie M	IcAllister, Paralegi	al
	•		Name of Person	
		k	aplin Stewart	·
			Mnn/Company	
		910	Harvest Drive	
			Address	
			e Bell, PA 19422	
		Ci	ty/State and Zip Code	
		Li-mail address: (to be used	for future amount report no	ulification)
For fur	ther information	concerning this matter, pleas	e call:	·
		McAllister	_at (610)	941-2475 Ayrime Tolephaco Number
	Name	of Person	Area Code & I	Aytime Tolophono Number
Enclos	sed is a check i	for the following arnount:		
]\$ 125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Filing For Certified Copy (additional copy is c	Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahussee, PL 32314	Street/Court Registration S Division of C Clifton Build 2661 Execut Tallahassec,	Section Corporations ling ive Center Cirole

H 0 9 0 0 0 1 4 0 4 4 7

Well-Cities Of OKCAMINATION	LOW LEGALITED FRADIUM I COMPANDE 2	er.
A YEMPTERIK WA W. Bullannan		
ARTICLE I - Name:		C
The name of the Limited Liability Cor	opany is:	
	· · · · · · · · · · · · · · · · · · ·	
201	Bayliss, LLC	
	mited Liability Company," "L.L.C.," or "LLC.")	
	Bayliss, LLC mited Liability Company," "L.L.C.," or "LLC.") of the principal office of the Limited Liability Company is:	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liability Company is:)
Principal Office Address:	Mailing Address:	
Via del Marzano, 28	Via dei Marzeno, 28	
80123 Napoli - Italy	80123 Napoli - Italy	
	war the territory and the terr	
The name and the Florida street addressing	is of the registered agent are: one Services, Inc.	
	Name	
1788	8 67th Court North	
Plorida street ad	dress (P.O. Box NOT acceptable)	
Loxahatch	ee <u>թլ. 33470</u>	
Ci	ty, State, and Zip	
liability company at the place desig	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all	
	mplete performance of my duties, and I am familiar with and	
accept the obligations of my position	n as registered agent as provided for in Chapter 608, F.S	
anice	ull oxhekal Pot Incorp Services Inc.	
Registered Age	m's Signature (REQUIRED)	

(CONTINUED)

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Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address;
MGRM	Salvatore Smith Via del Marzano, 28 80123 Napoli - Italy
(Use attachment if necessary)	
LE V: Effective dute, if other thus fective date is listed, the date me days after the date of filing.)	m the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	Meallust -
Signature ora m	-

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2