

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

BAY SECURITIES SERVICES, LLC

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
BAY SECURITIES SERVICES, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is **BAY SECURITIES SERVICES, LLC**.

**ARTICLE II - Address:**

The street and mailing address of the principal office of the Limited Liability Company is:

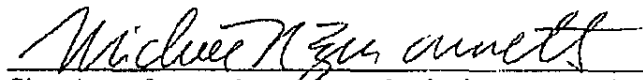
3000 Bayport Drive  
Suite 745  
Tampa, FL 33607

**ARTICLE III - Registered Agent and Registered Office:**

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

Michael Bissonnette  
3000 Bayport Drive  
Suite 745  
Tampa, FL 33607

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 20th day of August 2009.



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.)

Michael Bissonnette  
Typed or printed name of signee

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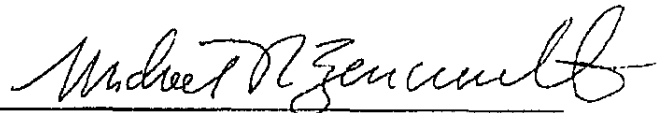
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **BAY SECURITIES SERVICES, LLC.**
2. The name and the Florida street address of the registered agent are:

Michael Bissonnette  
3000 Bayport Drive  
Suite 745  
Tampa, FL 33607

*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.*



Michael Bissonnette, Registered Agent

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TALLAHASSEE, FLORIDA

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