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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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EFFECTIVE DATE

EFFECTIVE DATE 10/23/09



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FILED

09 OCT 26 AMIII: 58

D. BRUCE
OCT 27 2009
EXAMINER

# **COVER LETTER**

TO:

**Registration Section** 

Division of C	orporations						
SUBJECT:	Baymeado	ows 104 Prop	erties, LL	.C			
	Name of Limi	ted Liability Compa	ny			-	
The enclosed Articles	of Organization and fee(s) are	submitted for filing					
Please return all corres	pondence concerning this mat	ter to the following	:				
		Kelly Overby					
		Name of Person					
	···	Firm/Company		<del></del>	<u>-</u>		
*******	1360	East Coast Dri	ve		₽or	.0	
	<b>A</b> 11 12		2000		LAR	300	•
		c Beach, FL 32 ty/State and Zip Code			ASSI ASSI	_98_	ī
	kellyo	verby@comcas	st.net		F 27	<b>&gt;</b>	ŗ
For further information	E-mail address: (to be used a concerning this matter, pleas	for future annual repo	rt notification)		STATE	11:55	כ
	lly Overby	at (	3 & Daytime Tele	370-0816			
		Area Code	& Daytime Tel	epnone Numbe	er		
	for the following amount:  \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}\$	\$155.00 Filing Certified Cop (additional copy	by _	\$160.00 F Certificat Certified (additional	e of Sta Copy	itus &	)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	urier Address on Section of Corporation uilding cutive Center ( ee, FL 32301	s			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Name: The name of the Limited	Liability Company is:			
	symeadows 104 Properties, LLC 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 Limite	d Liability Company is:		
Principal Office Addres	ss: Mailing Address:			
1360 East Coast Drive Atlantic Beach, FL 32233  1360 East Coast Drive Atlantic Beach, FL 32233				
ARTICLE III - Register (The Limited Liability Company of business entity with an active Flo	red Agent, Registered Office, & Registered Age cannot serve as its own Registered Agent. You must designate an lorida registration.)	ent's Signature: individual or another		
The name and the Florida	a street address of the registered agent are:	Ā.		
	Kelly Overby			
	Name	इन विजा		
	1360 East Coast Drive	FIL OCT 26 AMASSEL		
F	Florida street address (P.O. Box NOT acceptable)	2号 至 川		
Atlar	ntic Beach, FL 3223 <sub>FL</sub>			
	City, State, and Zip	55 S		

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)

(CONTINUED)

EFFECTIVE DATE 10/23

## Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manage "MGRM" = Mana		Name and Address:
MGRM	_	Kelly Overby 1360 East Coast Drive Atlantic Beach, FL 32233
	_	
	_	
(Use attachment in ARTICLE V: Effective d	• •	e of filing: 10/23/2009 (OPTIONAL)
(If an effective date is list to or 90 days after the dat	ed, the date must be sp te of filing.)	ecific and cannot be more than five business days prior
	Signature of a member of (In accordance with section of this document constitute that the facts stated herein a	IERB C
Filing Fees:	<b>J</b> yped (	or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)