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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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DIVISION OF CORPORATIONS

10 MAR 26 AN 11 29

T. HAMPTON
MAR 2 9 2010
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Bay Are		nt and Investments, LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Alpa Patel			
		Name of Person	
Bay Area Pro	perty Management and i		
		Firm/Company	
13176 N. Dale	e Mabry Hwy., #232		
-		Address	
Tampa, FL 3			
	Cit	y/State and Zip Code	
alpie999@yal		C. F	
	·	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Alpa Patel		at (813)464-0897	
Name	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount:		
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee & Certificate of Statu Certified Copy (additional copy is enclosed)	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bay Area Property Managemen	-	
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	s of the principal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
13176 N. Dale Mabry Hwy., #232	13176 N. Dale Mabry Hwy., #232	
13176 N. Dale Mabry Hwy., #232 Tampa, Ft. 33618	13176 N. Dale Mabry Hwy., #232 Tampa, FL 33618	

Name

1513 Bonita Bluff Ct.

Florida street address (P.O. Box NOT acceptable)

Rusking

FL 33570-3215

City, State, and Zip

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)
Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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

Title:		Name and Address:	
"MGR" = M "MGRM" =	anager Managing Member		
MGRM		Alpa Patel	
		13176 N. Dale Mabry Hwy., #232	
		Tampa, FL 33618	
MGRM		Carlos Gomez	
-	 	13176 N. Dale Mabry Hwy., #232	
		Tampa, FL 33618	
			
			
(Use attachm	nent if necessary)		
DTICLEV. EC.	data i6-dhandhan dha	data of filings	TIANAI \
		date of filing: (OF especific and cannot be more than five busing	
or 90 days after the		e specific and cannot be more than five busin	iess days prior
or 50 days after ti	ie date of innig.)		
REQUIRED	SIGNATURE:		
	Alpa Pa	ti	
		r or an authorized representative of a member.	
	(In accordance with sec of this document constitution that the facts stated here	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein are true.)	
	Alpa Patel		- شنه
		ped or printed name of signee	10 × × × × × × × × × × × × × × × × × × ×

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)

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