L10000065703

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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON
JUN 2 1 2010
EXAMINER

COVER LETTER

TO:	Registration S Division of Co						
SUBJ	ECT: BA Glyr						
Name of Limited Liability Company							
The en	iclosed Articles o	f Organization and fee(s) are	submitted for filing.				
Please	return all corresp	oondence concerning this mat	ter to the following:				
	Barbara Leav	/y					
	Name of Person						
BA Glynn, LLC							
	Firm/Company						
	15316 Gulf Boulevard #302						
			Address				
	Madeira Beach, Florida 33708						
City/State and Zip Code							
	bleavy@tamp	pabay.rr.com E-mail address: (to be used)	for future annual report notification)				
For further information concerning this matter, please call:							
Todd A. Fodman at (305)444-9991							
	Name	of Person	Area Code & Daytime Telep	phone Number			
Enclo	sed 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 Status & Certified Copy (additional copy is enclosed)			
		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 C Tallahassee, FL 32301	ircle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
BA Glynn, LLC. (Must end with the words "Limited Liabili	ity Company, "L.I.C.," or "LI.C.")				
ARTICLE II - Address:	incipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
15316 Gulf Boulevard, #302	15818 Gulf Boulevard, #302				
Madeira Beach, FL 33708	Madeira Beach, FL 33708				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ored Agent. You must designate an individual or another				
TODD A. FODIMAN					
Name	Name				
1111 Brickell Avenue, Ste	1111 Brickell Avenue, Ste 2150				
	ress (P.O. Box NOT acceptable)				
Miami	FL 33131				
City, Sta	te, and Zip				
liability company at the place designated in th	accept service of process for the above stated limited his 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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>		Name and Address:	
"MGR" = Manag			•
"MGRM" = Man	aging Member		
MGRM		Barbara Leavy	
		15316 Gulf Boulevard, #302	
		Madeire Bosch, Fl. 39708	······································
			
			
	_		
		·	
	late, if other than the ced, the date must be	date of filing: (0	
REQUIRED SIG	SNATURE:		
	Ban Bon	a Leaves	
		or an authorized representative of a member.	
	(In accordance with sect of this document constit that the facts stated here	tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury sin are true.)	
	BARBARA LEAV	Y	
	Тур	ed or printed name of signee	
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)

Page 2 of 2