# ~L10000086334

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	P
	<u>.                                    </u>
	(Business Entity Name)
	(Dadinoss Entry Hamo)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	A. LUNT
	AUG 1 7 2010
	EXAMINER



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08/16/10--01017--023 \*\*160.00

Office Use Only

#### **COVER LETTER**

:TO	Registration Section
	Division of Corporation

Division of Corporations

SUBJECT: Bailey-Rover LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert J. Ber	<i>'</i> 9		
		Name of Person	
Bailey=Rove	r LLC		
		Firm/Company	
1614 sw St.A	ndrews Drive		
		Address	
Palmj City,Flo	orida 343990		. 4
	Ci	ty/State and Zip Code	200
robertberg00	1@comcast.net`		<u>&gt;3</u>
	E-mail address: (to be used	for future annual report notification)	50
further information	concerning this matter, pleas	se call:	60 × 0
ob Berg	6.0	_at (_772)486 0082	PH 4:
Name	of Person	Area Code & Daytime Telepho	ne Number
closed is a check for	or the following amount:		•
125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy C	160.00 Filing Fee, Certificate of Status & Certified Copy

#### **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

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bailey-Rover "LI	l C"			
		I Liability Company, "L.L.C.," or "LLC.")	· · • · · · · · · · · · · · · · · · · ·	
`		·,		
ARTICLE II - Ad				
The mailing addres	s and street address of	the principal office of the Limited I	Liability Co	mpany is:
Principal Office A	ddress:	Mailing Address:		
1614 SW St.Andrews Dr	rive	1614 SW St. Andrews Drive		
<del></del>				
Palm City, Florida		PalmCity, Florida		
34990  ARTICLE III - Re		34990 tered Office, & Registered Agent		
ARTICLE III - Re (The Limited Liability Co- business entity with an a	ompany cannot serve as its own active Florida registration.)	34990	vidual or anoth	er
ARTICLE III - Re (The Limited Liability Cobusiness entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address of	34990  tered Office, & Registered Agent Registered Agent. You must designate an indi	vidual or anoth	er
ARTICLE III - Re (The Limited Liability Cobusiness entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address of Cecelia Brack	34990  tered Office, & Registered Agent Registered Agent. You must designate an indi	vidual or anoth	2018 AUG
ARTICLE III - Re (The Limited Liability Cobusiness entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address of Cecelia Brack	34990  tered Office, & Registered Agent Registered Agent. You must designate an indi the registered agent are:	vidual or anoth	2018 AUG 16
ARTICLE III - Re (The Limited Liability Cobusiness entity with an a	Expression of the control of the con	34990  tered Office, & Registered Agent Registered Agent. You must designate an indi the registered agent are:	vidual or anoth	2018 AUG 16 PM
ARTICLE III - Re (The Limited Liability Cobusiness entity with an a	Expression of the control of the con	34990  tered Office, & Registered Agent Registered Agent. You must designate an indi the registered agent are:  Name	vidual or anoth  SECKLISHY OF OTHER	2018 AUG 16

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

# 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" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Robert J. Berg
	1614 CIM Of Andrews Dates
	Palm City, Florida 34990
	P.O.
	Palm City, Florida 34990
	<del></del>
(Use attachment if necessary)	
(===,)	
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL
offortive data is listed the data	e specific and cannot be more than five business days
	•
of days after the date of filing.)	•
	•
0 days after the date of filing.)	•
	•
0 days after the date of filing.)  REQUIRED SIGNATURE:	
0 days after the date of filing.)  REQUIRED SIGNATURE:	Dolax A. Ben
0 days after the date of filing.)  REQUIRED SIGNATURE:	
O days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a membe  (In accordance with sec	er or an authorized representative of a member.
O days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a membe  (In accordance with sec	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution entitutes an affirmation under the penalties of perjury

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)

Typed or printed name of signee