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D. BRUCE

APR 15 2011

EXAMINER

## **COVER LETTER**

٠	TO:	Registration Section Division of Corporations		
	SUBJE	CT: Baker Street Technologie		
		Name o	f Limited Liability Company	
	The enc	losed Articles of Organization and fee	e(s) are submitted for filing.	
	Please r	eturn all correspondence concerning t	his matter to the following:	
	L	ee Holmes		
			Name of Person	
	1	Baker Street Technologies LL		
			Firm/Company	
		1765 N. Ft Harrison Ave, Uni		
			Address	
	Ć	earwater, FL 33755		
			City/State and Zip Code	3
	<u>le</u>	e.holmes@bakerstreettechr	o wood for future period report notification	
		,		E M
	For further information concerning this matter, please call:			
	Lee H	olmes	at (727 ) 798-1519	
		Name of Person	Area Code & Daytime Telephone Number	
	Enclose	d is a check for the following amo	unt:	
Į.	\$125.00	Filing Fee \$130.00 Filing Fe Certificate of Sta		ıs &
		Mailing Address Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	ations Division of Corporations Clifton Building	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company i	s:
Baker Street Technologies, LLC (Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	minoinal office of the Limited Lightlity Commons is
Principal Office Address:	principal office of the Limited Liability Company is:  Mailing Address:
Trucipal Office Address.	Matting Addition.
1765 N. Ft Harrison Ave, Unit 2 Clearwater, FL 33755	1765 N. Ft Harrison Ave, Unit 2 Clearwater, FL 33755
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registers entity with an active Florida registration.)  The name and the Florida street address of the	e registered agent are:
Lee Holmes	
Nam	le Dri
1765 N. Ft Harrison Ave	, Unit 2
Florida street a	ddress (P.O. Box NOT acceptable)
Clearwater, FL 33755	FL
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

CTIVE DATE 05/01/11

**ARTICLE I - Name:** 

## 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 "MGRM" = Managing Member	Name and Address:
MGRM	Lee Holmes 1765 N. Ft Harrison Ave, Unit 2 Clearwater, FL 33755
<del></del>	
	on the date of filing: 05/01/2011 (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	II ARI L
Signature of a m	nember or an authorized representative of a member.
(In accordance with section constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
Lee L Holme	
	Typed 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)