(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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G. MCLEOD

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**EXAMINER** 



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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations
SUBJECT: Bay View Sales Group 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:
Jesse D.Ottley
Name of Person
Bay View Sales Group LLC.
Firm/Company
888 Brickell Key Dr, Suite 1004
Address
Miami, Fl. 33131
City/State and Zip Code
ottley1@bellsouth.net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jesse D. Ottley at (305) 502-6651
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sim \frac{1}{2}\$130.00 Filing Fee \$\frac{1}{2}\$\$ Certificate of Status \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed) \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Liability Company is:

The name of the Limited Liability Company is:
Bay View Sales Group LLC.
(Must end 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 Limited

ARTICLE I - Name:

Principal Office Address:	Mailing Address:
888 Brickell Key Dr,	888 Brickell Key Dr,
Suite 1004	Suite 1004
Miami Fl. 33131	Miami, Fl. 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are: Mandy Ottley CPA. Name 1001 Brickell Bay Dr. Suite 1400 Florida street address (P.O. Box NOT acceptable) FL 33131 City, State, and Zip Miami

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.

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	<del></del>
"MGRM" = Managing Member	r
MGRM	Jesse D.Ottley
	888 Brickell Key Dr, Suite 1004
	Miami , Fl. 33131
,	
	<del></del>
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Effective date, if other the	an the date of filing: 12/8/2011 . (OPTION
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LE V: Effective date, if other the fective date is listed, the date me days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me disconstitutes an affirmation I am aware that any false	nust be specific and cannot be more than five business d

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