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SECRETARY OF STATE DIVISION OF CORPORATIONS

CHK-616

FEB 2 0 2012 T. HAMPTON

COVER LETTER

TO:	Registration S Division of Co						
SUBJ	ECT:		LBTBA	łλ	٥F	I MAIM	L
		Name of Limited	Liability Company				
The en	nclosed Articles o	of Organization and fee(s) are sub	mitted for filing.				
Please	return all corresp	condence concerning this matter	to the following:				
			IARTIN	·	· • • • • • • • • • • • • • • • • • • •		
		Nε	me of Person				
		Fi	rm/Company				
		P.O. BO	X 970403				
			Address				
			LORIDA. 33197				
		•	ate and Zip Code				
		E-mail address: (to be used for the	@aol.com uture annual report notification)				
For fur	rther information	concerning this matter, please ca	11 :				
	J. M	ARTIN	786 217-7441				
	Name	of Person	Area Code & Daytime Telep	ohone l	Number		
Enclos	sed is a check f	or the following amount:					
\$125.00	0 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cert Cert	tificate tified (iling Fee, of Status & Copy opy is enclosed)	
		Mailing Address Registration Section	Street/Courier Address Registration Section				
		Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center C				

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

12 FEB 17 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 7, 2012

J MARTIN P O BOX 970403 MIAMI, FL 33197

SUBJECT: MARTIN LLC Ref. Number: W12000007417

We have received your document for MARTIN LLC and check(s) totaling \$125.00. However, your check(s) and document are being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 512A00005257

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compan	y is:
· .	LBTBAY OF MIAMI LL
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12215 S.W. 39th STREET MIAMI, FLORIDA. 33175	P.O. BOX 970403 MIAMI, FLORIDA. 33197
business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an individual or another the registered agent are: ARTIN
7	Name
12215 S.W. 39	9th STREET
	et address (P.O. Box <u>NOT</u> acceptable)
MIAMI	_{FL} 33175
Ci	ty, State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all stee performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S.
Registered Agent's S	Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE ON OF CORPORATIONS

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

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	J.MARTIN
<u> </u>	P.O. BOX 970403
	MIAMI, FLORIDA. 33197
· · · · · ·	
(Use attachment if necessary)	d 1 (OPTIONAL)
CLE V: Effective date, if other the effective date is listed, the date m	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days p
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CLE V: Effective date, if other the effective date is listed, the date me do days after the date of filing.) REQUIRED SIGNATURE: Signature of a secondary with section constitutes an affirmation I am aware that any false.	member or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State in formation as provided for in s.817.155, F.S.)
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of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)