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APPROVED AND FILED 12 SEP 14 PH 3: 05 SECRETARY OF STATE ALLAHASSEE. FLORID.

D. BRUCE

SEP 17 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

BAY LLC TAMAPA **SUBJECT:** 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:

KENNET Name of Person Firm/Company 15777 BolesTA Losa 60 CLERRWA HORIC . 760 ЫЧ بې be used for future annual report notification) 01 60 E-mail address: For further information concerning this matter, please call:

at (<u>727</u>) <u>479-397</u> Area Code & Daytime Telephone Number enne Name of Person

Enclosed is a check for the following amount:

∑\$125.00 Filing Fee **□**\$130.00 Filing Fee &

130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:



ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address:</u>	
15777 BolesTA Losd	SAME	
60 60 CleA RWATER, 74-33760		

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:

<u>Kenneth</u> <u>B.</u> <u>Jones</u> Name <u>15777</u> <u>Bolesta</u> <u>Lot</u> Florida street address (P.O. Box <u>NOT</u> acceptable) <u>Clence WATER</u>, <u>FL</u> <u>33760</u> City, State, and Zip ىي 00

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.

gent'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:

Title:

1

Name and Address:

"MGR" = Manager "MGRM" = Managing Member

MGRM

,

60 lesTA ROAD

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document is document is an affirmation under the penalties of perjury that the facts stated herein are trigger I am aware that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817.155, F.S.) Kennel D. Jones Typed or printed name of signee	12 SEP 14 PH 3: 06	APPROVED AND FILED
rning rees.		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)