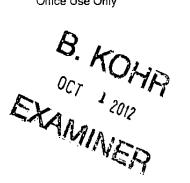
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(Requestor's Na	ame)
(Address)	
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PICK-UP WAI	T MAIL
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DELMER RICKY GLASS
623 BRIGGS LANE
PANAMA CITY FL 32409
850-265-9289
FAX-850-271-8565
CELL-850-628-8972

COVER LETTER

10:	Kegistratio		7. C
	Division of	Corporations	*
SUBJI	ECT: BA	Y TANK & UTILITIE	ES, LLC.
5020		Name of Limit	ted Liability Company
			2
The en	closed Article	es of Organization and fee(s) are	submitted for filing.
Please	return all corr	respondence concerning this matt	ter to the following:
	DELM	ER RICKY GLASS	3
			Name of Person
	BAY TA	ANK & UTILITIES, I	LLC.
			Firm/Company
	623 BR	IGGS LANE	
			Address
	PANAMA	A CITY, FL. 32409	
			ty/State and Zip Code
	RICKYAN	NDBRENDA35@AOL.C	
		E-mail address: (to be used f	for future annual report notification)
For fur	ther informati	on concerning this matter, please	e call:
DEL	MER RIC	KY GLASS	at (850) 265-9289
	Na	me of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check	k for the following amount:	
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sertified 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 (**ARTICLE I - Name:** The name of the Limited Liability Company is: BAY TANK & UTILITIES, 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 Liability Company is: **Principal Office Address: Mailing Address:** 623 BRIGGS LANE 623 BRIGGS LANE PANAMA CITY, FL. 32409 PANAMA CITY, FL. 32409 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: **DELMER RICKY GLASS** 623 BRIGGS LANE

PANAMA CITY FL 32409

City, State, and Zip

Florida street address (P.O. Box NOT acceptable)

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MRG	DELMER RICKY GLASS	
	623 BRIGGS LANE PANAMA CITY FL 32409	
	•	
(Use attachment if necessary)		
LE V: Effective date, if other than the	so data of filings	(ODTIONA
fective date is listed, the date must	be specific and cannot be more tha	(OF HONA in five business dav

<u>REQUIRED</u> 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 constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DELMER RICKY GLASS

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)