113000045994

Requestor's Name)	
Address)	
Address)	
City/State/Zip/Phone	#)
☐ WAIT	MAIL.
Business Entity Nam	e)
Ocument Number)	
Certificates	of Status
o Filing Officer:	
	:
	address) City/State/Zip/Phone WAIT Business Entity Nam Occument Number) Certificates

Office Use Only



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SEURETURY OF STATE
ALLIANASSEE FLORIDA

J. SAULSBERRY EXAMINER

MAR 28 2013

COVER LETTER

	Registratio Division of	n Section Corporations			•
SUBJECT	Bay	Tree Patio Homes,	LLC		
SOBJEC	1.	Name of Li	mited Liability Comp	any	
The enclos	sed Article	s of Organization and fee(s) a	are submitted for filing	g.	
Please ren	ım all corr	espondence concerning this n	natter to the following	; :	
		S	teve Culotta		
		· ·	Name of Person	······································	
		Ambassador Co	mmunity Man	agement, Inc.	
	•	,	Firm/Company		
		7100 W Comm	nercial Boule	vard, Suite 107	•
			Address		· · · · · · · · · · · · · · · · · · ·
		Laud	derhill, FL 333	319	70 FAL
			City/State and Zip Code		> 30
		steve@ambas			MAR 25 AFA(SI
		E-mail address: (to be us	ed for future annual repo	ort notification)	7. Y. Y.
For further	informatio	on concerning this matter, ple	ase call:		
	Ste	ve Culotta	954	741-8811 x 202	AT STATE
	Nan	ne of Person	Area Code	& Daytime Telephone Number	**'' C
Enclosed	is a check	for the following amount	:		
1 \$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	≥ □\$155.00 Filin Certified Cop (additional copy	py Certificate of	of Status &
		Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Registrati s Division o Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Circle ee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bay Tree Patio Homes, LL0	•						
	nd with the words "Limited :	Liability Co	mpany, "L.L.C.," or	"LLC.")			
		-		·			
ARTICLE II - Addr				*			
The mailing address a	nd street address of th	e princip	oal office of the	Limited Lia	ability Com	pany is	:
Principal Office Add	ress:	<u>M</u>	ailing Address	<u>:</u>			
c/o Ambassador Communit	y Management, Inc.	c/c	Ambassador Comr	munity Manager	ment, Inc.		
7100 W Commercial Blvd.,	Ste. 107	71	00 W Commercial B	lvd., Ste. 107			
Lauderhill, FL 33319		La	uderhill, FL 33319				
The name and the Flor		he regist	ered agent are:		ALL AM	2013 MAR	
		ame				25	P
	.,				A 2	ഗ	<u> </u>
	7100 W Comme	rcial Blvd.,	Ste. 107			A	
	Florida stree	t address (P.O. Box NOT ac	ceptable)		ڥ	A.,
	Lauderhil	l FL	33319		記点	00	
	Cit	y, State, ar	ıd Zip		T22*		
** * * * * * * * * * * * * * * * * * * *	1	2.		c .1	,	11	,
•	s registered agent and	_	V 1				d
liability company a	t the place designated	in this c	ertificate, I ĥere	by accept th	e appointm	ent as	
•	agree to act in this ca		,		-	_	,
•	to the proper and com				•		
and accept the obliga	ations of my position a	s registe:	red agent as pro	wided for in	Chapter 60	18, F.S.	

Registered Agent'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: Name and Address:

MGR	Linda Joy, c/o Ambassador Commu	nity Management, Inc
	7100 W Commercial Boulevard, Su	ite 107
	Lauderhill, FL 33319	
		· · · · · · · · · · · · · · · · · · ·
Use attachment if necessary)	•	
E. V. Effective data if other than t	he date of filing: Date of filing	(OPTIO

REQUIRED SIGNATURE:

ature of a member or an anthorized 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 faise information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

> Linda Joy 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)