

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000029900 3)))



H130000299003ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VOGEL LAW OFFICE,
Account Number : I20030000100
Phone : (239)262-2211
Fax Number : (239)262-8330

APR -4 2013

SELLERS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
M Bay Associates II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
13 APR -3 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
13 FEB 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

From: VOGEL LAW OFFICE 239-262-8330 To: 18506176383

04/03/2013 09:57:00 #925 P.001/005

TX Result Report

P 1
02/07/2013 11:00
Serial No. A00K010007357
TC: 292261

Destination	Start Time	Time	Prints	Result	Note
18506176383	02-07 10:59	00:00:48	004/004	OK	

Note TX: Timer TX, POL: Polling, ORG: Original Size Setting, FME: Frame Error TX,
MIX: Mixed Original TX, CALL: Normal TX, CSRT: CSRT, FCODE: F-code, RYX: Re-TX,
BMD: Double-Sided Binding Direction, SD: Special Original, FCODE: F-code, RYX: Re-TX,
RLV: Relay, MEX: Confidential, BUL: Bulletin, SIP: SIP Fax, IPADR: IP Address Fax,
I-FAX: Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,
TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer,
Refuse: Receipt Refused, Busy: Busy, M-Full: Memory Full,
LOVR: Receiving length Over, POVER: Receiving page Over, FIL: File Error,
DC: Decode Error, MDN: MDN Response Error, DSN: DSN Response Error.

Please back-date to
2-7-13. I confirmed that the
\$125⁰⁰ charge was deducted from our
Sunbiz account on 2-7-13 (I20030000100)
Thanks for your help!

Division of Corporations

Page 1 of 1

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**ARTICLES OF ORGANIZATION
OF
M BAY ASSOCIATES II, LLC**

**ARTICLE I
NAME**

The name of the Limited Liability Company is: **M Bay Associates II, LLC**

**ARTICLE II
ADDRESS**

The mailing address and the street address of the principal office of the Limited Liability Company is:
3936 Tamiami Trail North, Suite A, Naples, Florida 34103.

**ARTICLE III
DURATION**

The period of duration of the Limited Liability Company shall be perpetual or until dissolved in a manner provided by law or as provided in the regulations adopted by the members.

**ARTICLE IV
PURPOSE**

The purpose of the Company is to engage in any and/or all lawful business(es).

**ARTICLE V
MANAGEMENT**

The Limited Liability Company is to be managed by its sole Member and the name and address of such Member is:

M Bay Associates, LLC
3936 Tamiami Trail North, Suite A
Naples, Florida 34103

**ARTICLE VI
ADMISSION OF ADDITIONAL MEMBERS**

Upon approval by the Members, the company is authorized to issue additional Units in the company and to admit Additional Members to the Company.

**ARTICLE VII
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The remaining members of the Company shall have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

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. From: VOGEL LAW OFFICE 239-262-8330 To: 18506176383

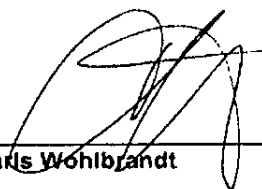
04/03/2013 09:58

#925 P.004/005

H13000029900 3

These Articles are executed this 7th day of February, 2013 by an undersigned authorized representative of a Member of the Company, pursuant to Florida Limited Liability Company Act, Florida Statute §608.401 et seq.

AUTHORIZED REPRESENTATIVE OF A MEMBER:


Chris Wohlbrandt

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 PR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is: **M Bay Associates II, LLC**
2. The name and address of the registered agent and office is:

Chris Wohlbrandt
3936 Tamiami Trail North
Suite A
Naples, Florida 34103

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.



Chris Wohlbrandt
Registered Agent
Date: February 7, 2013

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