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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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ATTAMANAGE OF STATE

JUL - 7 2014

T DDOMAN

COVER LETTER

10: Registration Section Division of Corporations		
SUBJECT: Baker Land Development, LLC Name of Lim	nited Liability Company	
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Ryan C. Baker	Name of Person	
	Firm/Company	
3776 Hidden Acres Circle	Address	
North Fort Myers, Fl, 33903	ity/State and Zip Code	
ryancbaker@yahoo.com E-mail address: (to be used	for future annual report notifica	tion)
For further information concerning this matter, plea	ise call:	
Ryan Baker at (2 Name of Person		ephone Number
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee	□\$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	Street/Courier Addr Registration Section Division of Corporati	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Ryan C. Baker 3776 Hidden Acres Circle North Fort Myers, FL 33903

Re: Articles of Organization for Baker Land Development, LLC

To Whom It May Concern:

Please find the attached documents along with a check in the amount of \$130.00. If you have any questions, please call me at (239)910-3289. Thank you for your assistance.

Sincerely,

Ryan C. Baker

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

The name of the Emmission, Company is		Sit A
Baker Land Development, LLC		<u> </u>
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")	6
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:	JAIDA S
Principal Office Address:	Mailing Address:	
3776 Hidden Acres Circle	3776 Hidden Acres Circle	
North Fort Myers, FL 33903	North Fort Myers, FL 33903	
		_
ADTICLE III - Degistered Agent Registered O	ffice & Registered Agent's Signature	

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:

Name

3776 Hidden Acres Circler
Florida street address (P.O. Box NOT acceptable)

North Fort Myers

City

Zip

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 605, F.S.

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

AMBR" = Authorized Member 'MGR" = Manager MGR	Name and Address:
- C	
MGR	
	Ryan C. Baker
	3776 Hidden Acres Circle
	North Fort Myers, FL 33903
Use attachment if necessary)	
filing.) VI: Other provisions, if any.	
VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Ra	ZU.
Signature of a membe	r or an authorized representative of a member.
Signature of a member (In accordance with section 605.02)	r or an authorized representative of a member. 03 (1) (b), Florida Statutes, the execution of this document
Signature of a member (In accordance with section 605.02) constitutes an affirmation under the	or an authorized representative of a member. (3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
Signature of a member (In accordance with section 605.02) constitutes an affirmation under the I am aware that any false information	or an authorized representative of a member. (3) (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. On submitted in a document to the Department of State
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\$ 5.00 Certificate of Status (Optional)