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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Effective Date 3/01/15

15 FEB 13 PM 3: 38

330-5

FEB 1 6 2015 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BA Electronics LLC 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:
William Martin Annarino
Name of Person
BA Electronics LLC
Firm/Company
6495 Naverly Green Way
Address
Naples, FL 34110 City/State and Zip Code bannarino D gmail.com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bill Annarino at (943 9349
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 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



RECEIVED

15 FEB 13 AM 10: 00

GUREAU OF COMMERCIAL INFORMATION SERVICES

January 30, 2015

WILLIAM MARTIN ANNARINO 6495 WAVERLY GREEN WAY NAPLES, FL 34110

SUBJECT: B A ELECTONICS LLC Ref. Number: W15000006883

We have received your document for B A ELECTONICS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 215A00001919

Effective Date 3/1/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	d Liability Company is:				
BA Elubro	nics uc				
(N	fust end with the words "Limited I	Liability Con	npany, "L.L.C.," or "I	LC.")	
ARTICLE II - Addres The mailing address and	s: d street address of the principal off	fice of the Li	mited Liability Compa	any is:	
Principal Office Addre	ess:	Mailing A	ddress:		
BA Electronics	brun Way	Same 8	is effice addre	44	
Napks, FL 3	64110				
(The Limited Liability (ered Agent, Registered Office, & Company cannot serve as its own I with an active Florida registration	Registered Ag		nate an ind	ividual or
The name and the Florid	da street address of the registered a	agent are:			
	Michelle Ann Ann	1xrino			
	Michelle Ann Ang Name 6495 Waverly G		·····		
	6495 Waverly G	ren Ni	wy		
	Florida street address (P.O. Box	NOT accepta	able)		
	Naples City	FL	34110		
	City		Zip		
the place designated capacity. I further ag	registered agent and to accept serit in this certificate, I hereby accept ree to comply with the provisions of m familiar with and accept the oblicable Chapte Registered Agent's Signature	the appointm of all statutes in igations of my er 605, F.S.	nent as registered agent relating to the proper of position as registered	it and agre and comple	e to act in this ete performance
	(CONTINUE	ED)		TA	が

Page 1 of 2

B 13 PH 3: 38
ETARY OF STATE

Title:	Name and Address: AMBR	
"AMBR" = Authorized Member "MGR" = Manager	•	
WOK - Manager	7 William Martin Annanino	
	6495 Waverly Green Nay	
	- Naple, FL 34-110	
AMBR		
·		
		
(Use attachment if necessary)		
EV: Effective date, if other than the date of	of filing: March 1, 2015 (OPTIONAL)	
factive data is listed the data must be see	cific and cannot be more than five business days prior to	
<u> </u>		
G.		
REQUIRED SIGNATURE:	Ω	
REQUIRED SIGNATURE:	Amarine	
REQUIRED SIGNATURE: Signature of a men	mber or an authorized representative of a member.	
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