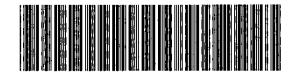
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(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## COVER LETTER

TO: Registration of Division of	on Section f Corporations		
SUBJECT: Cami	no Bay Properties, LLC.		
Sobsect. Calli	Name of Lin	nited Liability Company	<del></del>
The enclosed Article	es of Organization and fee(s) a	re submitted for filing.	
Please return all cor	respondence concerning this m	natter to the following:	
David (	C. Watson		
		Name of Person	
		Firm/Company	
		r mis company	
_1498 S	W 3rd Street		
		Address	
Boca R	aton, FL 33486	City/State and Zip Code	
		city/state and 2.ip Code	
_iland1@bellsc	E-mail address: (to be use	d for future annual report notific	ation)
For further informat	ion concerning this matter, ple	ase call:	
7 01 14.4.0. (	ion concorning this matter, pie	uoe eum	
David Watson	at (	561 <u>6135467</u>	
	ame of Person		lephone Number
Enclosed is a check	for the following amount:		
☐ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	ailing Address	Street/Courier Add Registration Section	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Camino Bay Properties, LLC.			
(Must end with the words "Limite	ed 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:		
1498 SW 3rd Street	1498 SW 3rd Street		
Boca Raton, FL 33486	Boca Raton, FL 33486		
(The Limited Liability Company cannot serve as its ow another business entity with an active Florida registration.)  The name and the Florida street address of the registered for the r	ion.)  ed agent are:  A750N  ne  S7.	15 MAR 23 PH 4: 58	A STATE OF THE STA
Ear CATON City  Having been named as registered agent and to accept s			

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Membe	•
"MGR" = Manager	
MGR	David C. Watson
	1498 SW 3rd Street
	Boca Raton, FL 33486
MGR	Annette Marie Watson
	1498 SW 3rd Street
	Boca Raton, FL 33486
	M o
	<u>—————————————————————————————————————</u>
	32
	Dan S
	<del> </del>
(Use attachment if necessary)	
LEV: Effective date, if other than	the date of filing:
LE V: Effective date, if other than fective date is listed, the date me	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than fective date is listed, the date more of filing.)	the date of filing: (OPTIONAL)  ust be specific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than fective date is listed, the date moof filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	ist be specific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than fective date is listed, the date moof filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATORE:  Signature  (In accordance with sconstitutes an affirma I am aware that any files.)	the date of filing:

ARTICLE IV-

Page 2 of 2

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)