

L15000101169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

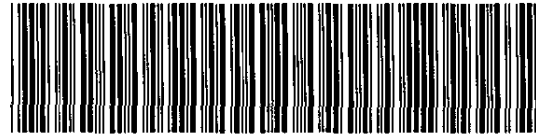
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100272963251

06/11/15--01001--010 \*\*125.00

RECEIVED  
DEPARTMENT OF STATE  
15 JUN 10 PM 4:57

15 JUN 10 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

## Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY <u>Bor &amp; Bay Investments</u>	FOR OFFICE USE ONLY

### PICK ONE:

\_\_\_ CERTIFIED COPY ☒ PHOTOCOPY \_\_\_ C.U.S.

### FILING:

☒ CORPORATION ☒ LLC \_\_\_ LIMITED PARTNERSHIP \_\_\_ GENERAL PARTNERSHIP  
\_\_\_ FICTITIOUS NAME \_\_\_ SERVICE MARK/TRADEMARK \_\_\_ AMENDMENT  
\_\_\_ FOREIGN QUALIFICATION \_\_\_ JUDGMENT LIEN  
\_\_\_ OTHER \_\_\_\_\_

### RETRIEVAL:

\_\_\_ GOOD STANDING CERT/C.U.S. \_\_\_ CERTIFIED COPY \_\_\_ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 6/10 TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

APPROVED  
AND  
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

15 JUN 10 AM 9:14

ARTICLE I - Name:

The name of the Limited Liability Company is:

Boca Bay Investments, LLC

(Must end with the words "Limited 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:

1260 81st Street South  
St. Petersburg, FL 33707

1260 81st Street South  
St. Petersburg, FL 33707

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:

Michael J. Thompson


Name

1260 81st Street South

Florida street address (P.O. Box **NOT** acceptable)

<u>St. Petersburg</u>	<u>FL</u>	<u>33707</u>
City	State	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)

APPROVED  
AND  
FILED

15 JUN 10 AM 9:14

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Michael J. Thompson

1260 81st Street South

St. Petersburg, FL 33707

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michael J. Thompson

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)