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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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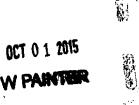
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SECRETARY OF STATE OF STATE



COVER LETTER

	legistration Section livision of Corporations		
SUBJECT	Bailey Design, LLC		
SCHOLECT		Limited Liabili	ty Company
The enclos	sed Articles of Organization and fee(s)	are submitted	for filing.
Please retu	ım all correspondence concerning this	matter to the fe	ollowing:
	Stephen Bailey		
	W	Name of	Person
	Bailey Design, LLC		
		Firm/Co	npany
	76 Gulfwinds Drive		
		Addre	ess
	Palm Harbor, FL 34683		
	stephen@sbaileyillustrations.com	City/State and	d Zip Code
		ed for future a	nnual report notification)
For further i	nformation concerning this matter, ple	ase call:	
	Stephen Bailey	716	807-6713
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
\$125.00 F	siling Fee \$130.00 Filing Fee & Certificate of Status	LCertifie	Solution from the state of States & Certificate of States & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314]] •	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:		
Bailey Design, LLC			
(Must end w	ith the words "Limited	l Liability Con	ipany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	dress of the principal o	ffice of the Li	nited Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
76 Gulfwinds Drive			76 Gulfwinds Drive
Palm Harbor, FL 3468	33		Palm Harbor, FL 34683
ARTICLE III - Registered Agei (The Limited Liability Company of another business entity with an ac	cannot serve as its own	Registered Ag	Agent's Signature: ent. You must designate an individual or
The name and the Florida street a	ddress of the registered	l agent are:	
	Stephen Bailey		
		Name	
	76 Gulfwinds Drive		
	Florida street addres	s (P.O. Box N	OT acceptable)
	Palm Harbor	FL	34683

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..

State

Zip

City

(CONTINUED)

Page 1 of 2

stred Agent's Signature (REQUIRED)

15 SEP 28 AM I2: GO

"AMBR" = Authoriz	zed Member	Name and Address:		
"MGR" = Manager AMBR		Stephen Bailey		
		76 Gulfwinds Drive		
		Palm Harbor, FL 34683		
	-			
•				

(Use attachment if no	ecessary)			
the date inserted in t	this block does not mee on the Department of	et the applicable statutory filing requirements, this date State's records.	will not	be l
the date inserted in t ment's effective date	on the Department of	· · · · · · · · · · · · · · · · · · ·	e will not	be li
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-