

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H16000015099 3)))



H160000150993ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**BAYSHORE ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

H160000015099

3

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

BAYSHORE ENTERPRISES, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS OF THE LIMITED LIABILITY  
COMPANY IS:

307 TARPON POINT  
TARPON SPRINGS, FLORIDA 34689

THE MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

POST OFFICE BOX 2314  
TARPON SPRINGS, FLORIDA 34688-2314


ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF  
THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

JEFFREY EBERLY  
307 TARPON POINT  
TARPON SPRINGS, FLORIDA 34689

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 805, FLORIDA STATUTES.

DATED: 11/18/14

X   
JEFFREY EBERLY

FILED  
1616 JUN 19 9 AM '15  
TARPON SPRINGS, FLORIDA

**ARTICLE IV - MANAGEMENT**

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS  
AS FOLLOWS:

MANAGERS/MEMBERS: JEFFREY EBERLY  
307 TARPON POINT  
TARPON SPRINGS, FLORIDA 34689

DALE TAYLOR  
16413 EAGLE VIEW DRIVE  
BROOKSVILLE, FLORIDA 34610

DATED: 1/11/16

X   
JEFFREY EBERLY

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE  
EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER  
PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.