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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Mb-5989 MD2/16

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bayko Irrigation 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:
Scott Baylows Ki Name of Person
Bayko Irrigation Firm/Company
2908 6th Ave. Dr. E
Address
Bradaton, FL 34208 City/State and Zip Code bay Koiri gation @ gmail · Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
bay Konir i gation (Jinail · Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott Bay Kowski at 941 404-5420 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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courler AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301



January 28, 2016

SSCOTT BAYKOWSKI 2908 6TH AVE.DR.E. BRADENTON, FL 34208

SUBJECT: BAYKO IRRIGATION, LLC

Ref. Number: W16000005989

We have received your document for BAYKO IRRIGATION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The document must contain the usual business addresses of its managing members or managers.

The document must be signed by a member or an authorized representative of a member.

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) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 616A00001875

Division of Comparations D.O. DOV 6997 Wellahasson Florida 99914

ARTICLE I - Name: The name of the Limited Liability Company is: Bayko Trigation, 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:

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:

Scott Bay Kows Ki

2908 6th Ave Dr. E.

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

Braderton FL 34208

City 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)

Page 1 of 2

The name and address of each person at	uthorized to manage and control the Limited Liability Company:	_
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	6
"MGR" = Manager		
	Scott Baykowski	5
	2908 6th Ave. Dr. E	
MGR	Braduton, FL 34208 3	PH .
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(Use attachment if necessary)	•	
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