

L16000092984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

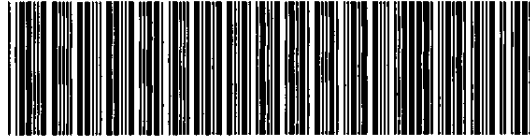
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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04/19/16--01018--002 \*\*125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 12 PM 3:21

*mm*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 25, 2016

BIHARI KALRA  
503 COLUMBIA DRIVE  
TAMPA, FL 33606

SUBJECT: BAYFRONT HOUSING LLC  
Ref. Number: W16000030546

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 12 PM 3:21

We have received your document for BAYFRONT HOUSING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 016A00008497

RECEIVED  
16 MAY 12 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AS PER CONVERSATION WITH VALERIE HERRING  
5/9/16 AT 10AM, WE MADE NECESSARY CHANGES  
ON COVER PAGE AND PAGE 10 OF 2 OF THE  
APPLICATION; INITIALED. THIS LETTER IS BEING MAILED NOW  
PLEASE ACCEPT THIS. ANY QUESTIONS - CALL BEN AT  
THANKS VALERIE. 813 416 9921

*Bmkalra*

Bihari Kalra  
503 Columbia Drive  
Tampa, FL 33606

Certified Mail:

To:

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

SUBJECT: Release of Entity Name  
RE: BAYFRONT HOUSING LLC, L13000054497

Dear Officer:

This is to state that I, Bihari Kalra, undersigned state that I am not going to reinstate  
'BAYFRONT HOUSING LLC' and

I am releasing its name - 'BAYFRONT HOUSING LLC'

Yours Sincerely,

*B. Kalra*  
(Bihari Kalra, Manager)

STATE OF Florida, COUNTY OF Hillsborough

I hereby Certify that on this day, before me, an officer-duly authorized to administer oaths and take acknowledgments, personally appeared known to me to be the person Bihari Kalra described in and who executed the foregoing instrument, who acknowledged before me that he/she executed the same, and an oath was taken. (Check one :)

[ ] Said person(s) is/are personally known to me. [ X ] Said person(s) provided Florida Drivers License

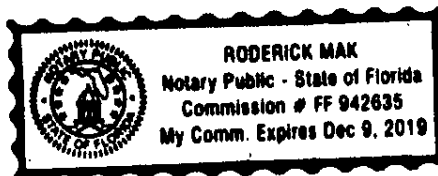
as identification:

Witness my hand and official seal in the County and State last aforesaid this MARCH 5th, 2016

*[Signature]*  
Notary Signature

Notary Seal

RODERICK MAK  
Printed Name



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 12 PM 3:21

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bayfront Housing LLC  
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:

Bihari Kalra

Name of Person

Ben Kalra Management ~~LLC~~ GROUP LLC *BMK*

Firm/Company

503 Columbia Dr.

Address

Tampa, FL 33606

City/State and Zip Code

palmettobeachhomes@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bihari Kalra

813

254-5194

at ( )

Name of Person

Area Code

Daytime Telephone 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)

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

AS PER CONVERSATION WITH VALERIE HERRING ON 5/9/16 AT 10AM  
NECESSARY CORRECTION IS MADE ON PAGE 1 OF 2 AND  
INITIALED.  
THESE ARE BEING MAILED NOW.

16 MAY 12 PM 3:21

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bayfront Housing 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:

503 Columbia Dr.

Tampa, FL 33606

Mailing Address:

503 Columbia Dr.

Tampa, FL 33606

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:

Ben Kalra Management ~~INC~~ GROUP LLC *Bmk*

Name

503 Columbia Dr.

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

Tampa

FL

33606

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.

*Bmkalra*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Bihari Kalra

503 Columbia Dr.

Tampa, FL 33606

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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**ARTICLE V:** Effective date, if other than the date of filing: 4/4/2016. (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:**

*Bmkalra*

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Bihari Kalra

\_\_\_\_\_  
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)

BAYFRONT HOUSING LLC  
CHECK # 3971 5/3<sup>RD</sup> BANK