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Office Use Only



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TO:	Registration Section Division of Corporations		
SUBJE	Harbor Bay Property Solutions	, LLC	
SOBJE		of Limited Liability Company	
The encl	losed Articles of Organization and fe	c(s) are submitted for filing.	
Please re	eturn all correspondence concerning (this matter to the following:	
	Kathleen Wyman		
		Name of Person	
	Harbor Bay Property Solutions		
		Firm/Company	
	664 East Lake Road Ste. 279		
		Address	
	Palm Harbor, Florida 34685		
		City/State and Zip Code	
	kwyman2@cfl.rr.com		
		e used for future annual report notification)	
For further	r information concerning this matter,	please call:	
	Kathleen Wyman	407 255-3223 at ()	
	Name of Person	Area Code Daytime Telephone Num	ber
Enclosed	is a check for the following amount	·	
\$125.00	Filing Fee \$130.00 Filing Fee Certificate of Stat	us ——Certified Copy (additional copy is enclosed) Ce	60.00 Filing Fee, extificate of Status & extified Copy itional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section	

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTECLESOFORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

Harbor Bay Property S			
(Must end w	th the words "Limited Lia	bility Company,	"LLC.," or "LLC.")
CLR II - Address:			
tiling address and street add	ress of the principal office	e of the Limited L	iability Company is:
Principal	Office Address		Mailing Address:
334 East Lake Road S	le. 279	334 E	ast Lake Road Ste. 249
Palm Harbor, Florida 3 CLR III - Registered Agen imited Liability Company or business entity with an ac-	t, Registered Office, & H ranot serve as its own Reg	Registered Ages	Harbor, Florida 34685 's Signature: ou must designate an individua
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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 cortificate, 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 statutus relating to the proper and complete performance of my duties, and I am familiar with and accept the abligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
"AMBR"	Kathleen Wyman
	3469 Sutton Place
	Palm Harbor, Florida 34684
	
	
TT 4 1 4 10	
V: Effective date, if other than the date ctive date is listed, the date must be sp filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 demeet the applicable statutory filing requirements, this date will not be
ctive date is listed, the date must be sp filing.) the date inserted in this block does not a nent's effective date on the Department EVI: Other provisions, if any. f Company: The purpose of the Compa	meet the applicable statutory filing requirements, this date will not be of State's records. any shall be to conduct business related to Real Estate, and to engage
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