**Division of Corporations Electronic Filing Cover Sheet** 

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(((H160002454123)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (800)345-4647

Fax Number : (800)432-3622

C\*\*\*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. BAYCARE MJL INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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**COVER LETTER** 

TO: Registration Section Division of Corporat	
SUBJECT: <u>Baycare N</u>	AJL Investments, LLC Name of Limited Liability Company
The enclosed Articles of Organ	nization and fee(s) are submitted for filing.
Please return all correspondent	ce concerning this matter to the following:
	Name of Person
Capitol Servi	ces – Corporate Filings Team
	Pirm/Company
206 E 9th St,	Ste 1300
	Address
Austin TX 78	701
	City/State and Zip Code
E-mai	miymah@htg.net address: (to be used for future annual report potification)
For further information concern	ing this matter, please call:
	at ( 800 ) 345-4647
Name of P	erson Area Code Daytime Telephone Number
Englosed is a check for the fol-	lowing amount:
\$125.00 Filing Fee \$13	o.000 Filing Fee & S155.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Malling Ad New Filing S Division of P.O. Box 63 Tallahassee,	Section New Filing Section Corporations Division of Corporations 27 Cliffon Building

## AIRTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Baycare M.I. Investments, LLC	
(Must end with the words "Limited Limbi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office o	f the Limited Liability Company is:
Principal Office Address:	Malling Address:
P.O. Box 192, 296 South Main Street	P.O. Box 192, 296 South Main Street
Dell City, Texas 79837	Dell City, Texas 79837

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:

Capitol Corporate Se	ervices, Inc.	
	Name	
155 Office Pieza Dr.	Stm. A	
Florida street addres	P.O. Box NOT no	eptable)
Tallainassee	Florida	32301
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.

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

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*Michael Joseph Lynch II  P.O. Box 192, 286 South Mela Street Dell City, Treats 79337  (Use stinchment if necessary)  (Use stinchment if necessary)  LE V: Effective data in Based, He date must be specific said cannet be more then fire business days prior to or 99 days after of filing.  Bective data in Based, the date must be specific said cannet be more then fire business days prior to or 99 days after of filing.  If the date surround in this block does not meet the applicable statement filing requirements, this date will not be listed as manner's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REQUIRED SECRATURE:    Signature of a member.	Title: "AMRR" = Anthorized Mamber	Name and Address:		
Michael Joseph Lynch II  P.O. Box 192, 296 South Melts Street  Dell City, Texas 19837  (Use stinchment if necessary)  LEV: Effective date, if other fines the date of filing:  Letter date in Based, the date numb be specific and content be more than five breakages days prior to or 90 days after of filing.)  If the date insected in this block does not meet fits applicable statutory filing requirements, this date will not be listed as mann's effective date on the Department of State's records.  LEVI: Other provisions, if any.  BEOLUBEED SEGNATURE:  BEOLUBEED SEGNATURE:				
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