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SECRETATE OF STATE OF

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: <u>Kyle Baker Renovations</u> 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:
Kyle R Baker Name of Person
Firm/Company
220 W 6th Aver
Tall ubass head a yahaa, com E-mail address: (to-be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certi
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

FILED
SECRETARMOR STATE
AIVISION OF CORPORATIONS

17 JUN 30 AM 11: 02

(Must contain 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:
220 W 6th Ave	same
TEVIANASSERFL 32303	
<u> </u>	

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:

Ryse Baker

Clarida stroat address (R.O. Ray NOT accordable)

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

City State Zi

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)

gistered Agent's Signature (REQUIRED)

Title: "AMBR" = Authority "MGR" = Manag		Name and Address:
mgr	·····	Jallahassee FL 32303
(Use attachment	if necessary)	
CLE V: Effective date is lister to filing.) If the date inserted	ate, if other than the date of the date must be specified, the date must be specified in this block does not me	of filing:
CLE V: Effective date is listed to efficiency. If the date inserted cument's effective of the country of the provential	ate, if other than the date of ed, the date must be specified in this block does not mediate on the Department of isions, if any.	cific and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be
CLE V: Effective date is listed to of filing.) If the date inserted cument's effective (CLE VI: Other prov	ate, if other than the date of ed, the date must be specified in this block does not meddate on the Department of	cific and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be
CLE V: Effective date is listed to of filing.) If the date inserted cument's effective (CLE VI: Other prov	in this block does not medate on the Department of isions, if any.	cific and cannot be more than five business days prior to or 90 days eet the applicable statutory filing requirements, this date will not be f State's records.
ICLE V: Effective date is listed ate of filing.) : If the date inserted ocument's effective of ICLE VI: Other proving REQUIRED SIGN.	in this block does not medate on the Department of isions, if any. GNATURE: Signature of a mer. This document is executed am aware that any false.	cific and cannot be more than five business days prior to or 90 d eet the applicable statutory filing requirements, this date will not b

as

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)