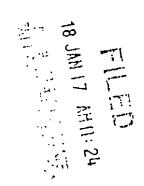
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COVER LETTER

	New Filing Section Division of Corporations	
CUBIC	BAY PARTNERS REAL	TY LLC
SUBJEC		Name of Limited Liability Company
7 1 .		
the enclo	osed Articles of Organization a	and fee(s) are submitted for filing.
Please ret	turn all correspondence concer	rning this matter to the following:
	LYNETTA WHEELER	!
		Name of Person
		Firm/Company
	10916 AUSTRALIAN PIN	NE DRIVE
		Address
	RIVERVIEW FL 33579	1
		City/State and Zip Code
	E-mail address:	(to be used for future annual report notification)
For further	information concerning this n	natter, please call:
	LYNETTA WHEELER	813 672-1677
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following at	mount:
\$125.00 F	Filing Fee S130.00 Fili Certificate o	of Status S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na						
The name of the I	Limited Liabilit	y Company is:				
BAY	PARTNERS R	EALTY LLC	<u> </u>			
	(Must conta	ain the words "Limited	d Liability Company	r, "L.L.C.," or "LLC.")		
ARTICLE II - A	.ddress•					
		Idress of the principal	office of the Limite	d Liability Company is:		
	Daia ata	-1 <i>OC</i> C +33		8.4 - 112 A. 1.4		
	rrincip	al Office Address:		Mailing Addre	<u>:ss</u> :	
<u>10916</u>	<u>AUSTRALIA</u>	N PINE DRIVE				
·	 	1			 _	
		<u></u>		-	-	
		nt, Registered Office				
(The Limited Liab	bility Company	cannot serve às its ow etive Florida registrat	m Registered Agent	. You must designate an ind	ividual or 🗓 😁 🖽	J
anomer ousmess	Charly with an a	etive i fortua registrat	1011.)		S	_
The name and the	: Florida street a	address of the register	ed agent are:		B JAN 17 Anti-24	<u>.</u> .
		LESTER WHEELI	FR.		? ~	1 ;
		EESTER WITEEET	Name		·	
					• • =	- t-
10916 AUSTRALIAN PINE DRIVE Florida street address (P.O. Box NOT acceptable)					<u>ప</u>	
		Fiorida sireet addit	35 (P.O. BOX <u>AUI</u>	acceptable)	\$ 1/44 F	
		RIVERVIEW	F <u>L</u>	33579		
		City	State	Zip		
Having been namea	d as revistered a	yent and to accept ser	vice of process for th	ne above stated limited liabil.	ity company at the	
lace designated in	this certificate,	I hereby accept the ap	gointment as registe	red agent and agree to act in	n this capacity. I	
urther agree to con	nply with the pre	ovisions of all statures	relating to the prope	er and complete performance	of my duties, and I	
m jamuiar wun an	a accept the on	ligations of my position	n a s registered agen.	as provided for in Chapter	503, F.S	
				(DECLUDED)		
		Kegi:	stered Agent's Signa	iture (REQUIRED)		
			(CONTINUED	•		
		•				

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR LYNETTA WHEELER 10916 AUSTRALIAN PINE DRIVE RIVERVIEW FL 33579 MGR LESTER WHEELER II 10916 AUSTRALIAN PINE DRIVE RIVERVIEW FL 33579 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: N/A . (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. N.A REQUIRED SIGNATURE; 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

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)