

L18000086493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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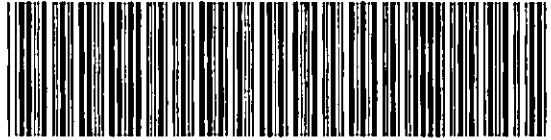
(Business Entity Name)

(Document Number)

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18 APR -9 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

APR 10 2018

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: BABY BAYOU, L L C.**

\_\_\_\_\_  
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:

CEANDRA BAKER-DILLEY

\_\_\_\_\_  
Name of Person

BABY BAYOU, L L C.

\_\_\_\_\_  
Firm/Company

1090 NORTH OAK ST

\_\_\_\_\_  
Address

JENNINGS, FL. 32053

\_\_\_\_\_  
City/State and Zip Code

ACTIONIST2013@GMAIL.COM

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

For further information concerning this matter, please call:

CEANDRA DILLEY

757

535-4850

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2018 APR -9 PM 12:39

DIVISION OF CORPORATIONS  
SURETY COMMERCIAL  
INVESTIGATION SERVICES

March 28, 2018

CEABDRA BAKER-DILLEY  
1090 NORTH OAK STREET  
JENNINGS, FL 32053

SUBJECT: BABY BAYOU, LLC.  
Ref. Number: W18000029986

We have received your document for BABY BAYOU, LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 418A00006268

~~Baby Bayou~~  
~~Baby Bayou~~

Go to Bayou

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~BABY BAYOU, LLC.~~ KIDS BAYOU, LLC.

(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:

1090 NORTH OAK ST  
JENNINGS, FL. 32053

Mailing Address:

1090 NORTH OAK ST  
JENNINGS, FL. 32053

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:

CEANDRA L. BAKER-DILLEY

Name

1090 NORTH OAK ST

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

<u>JENNINGS</u>	<u>FL</u>	<u>32053</u>
City	State	Zip

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TALLAHASSEE, FLORIDA

*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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

CEO

**Name and Address:**

CEANDRA BAKER-DILLEY

244 MORGAN RANCH CIR

BOANIRE, GA. 31005

CO-CEO

ANTONIO CRAWFORD

2161 BARREL COURT STE 91

CHULA VISTA CA. 91915

COO

DAVID L DILLEY

244 MORGAN RANCH CIR

BONAIRE, GA. 31005

CFO

CHRISTINE L JONES

1090 NORHT OAK ST

JENNINGS, FL. 32053

(Use attachment if necessary)

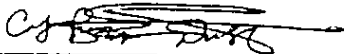
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:**



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.

CEANDRA BAKER-DILLEY

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)

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TALLAHASSEE, FLORIDA