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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	·
(C	ity/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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COVER LETTER

SUBJEC	Name o	f Limited Liabi	lity Company	
	Name o		lity Company	
The enck	_	, , ,		
		s) are submitte	d for filing.	
Please ret	turn all correspondence concerning th	is matter to the	following:	
	Joshua D. Coulter			
		Name o	f Person	
	Bay Home Services, LLC.			
		Firm/C	ompany	
		Add	ress	
		City/State a	nd Zip Code	
	coulter.davis@yahoo.com			
	E-mail address: (to be	used for future	annual report notificati	on)
For further	information concerning this matter, p	lease call:		
	Joshua D. Coulter	850 t (867-7958 _)	
	Name of Person	Area Code	Daytime Telephone	
Enclosed	is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee Certificate of Statu	s └─¹Certif	00 Filing Fee & [aied Copy all copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose
	Mailing Address		Street Address	
	New Filing Section Division of Corporations		New Filing Section Division of Corporation	ons
P.O. Box 6327 Clifton Building Tallahassee, Fl. 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<i>,</i> 1	RT	IC.1	.t.	-	Na	me:

The name of the Limited Liability Company is:

Bay Home Services, 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:

	Principa	d Office Address:		Mailing Add	<u>lress</u> :		
	36 West Cooper dr. #3						
	Panama City, FL 32404				-		
					<u>, </u>	۲>	
(The Lim another b	E III - Registered Age ited Liability Company ousiness entity with an a cand the Florida street a	cannot serve as its own ctive Florida registratio	Registered Agent. n.)	nt's Signature: You must designate an ii	6.20 6.20 6.20 6.20 6.20 6.20 6.20 6.20	2018 APR -5 PM	- ר ר ר
		Name			1 0 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	÷.	Ç
		36 West Cooper dr. #3			Dir.	է։ է 3	
Florida street address (P.O. Box NOT acceptable)							
		Panama City	FL	32404			
		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..

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	Name and Address:				
"MGR" = Manager					
MGR	Joshua D. Coulter				
	36 West Cooper dr. #3				
	Panama City, FL 32404				
					
f an effective date is listed, the date must be s te date of filing.)	te of filing:				
RTICLE VI: Other provisions, if any.					
Signature of a n This document is executed a nature that any false	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.				
loebus D. Coulter					

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)
- \$ 5.00 Certificate of Status (Optional)