Division of Corporations Electronic Filing Cover Sheet

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so will generate another cover sheet.	

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 : (305)803-2736

Fax Number : (305)646-1527

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	:	
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FLORIDA LIMITED LIABILITY CO. HM BAY GROUP, LLC.

tit er er gegenere om der de entrette til en er betyde en er	Carried Management of the Company of
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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序 STATE EE, FL

ARTICIES	OFORGANIZATION	ORFLORIDALIN	INTED LIABILITY COMPANY SECRETARY
ARTICLE 1 - Name: The name of the Limited Liabi			TALLAHAS
		BAY GROUP, L	
(Must co			pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the princip	al office of the Li	inited Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
2012 N.W. 13 STR	EET		2012 N.W. 13 STREET
MIAMI, FL. 33125			MIAMI, FL. 33125
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	ly cannot serve as its o	own Registered Ar	Agent's Signature: tent. You must designate an individual or
The name and the Florida stree	t address of the registe	ered agent are:	
	MIRIAM RODRI	GUEZ	
		Name	
	2012 N.W. 13 ST	REET	
	Florida street add	ress (P.O. Box N	OT acceptable)
	MIAMI	FL	33125
	City	State	Zin

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)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	MIRJAM RODRIGUEZ 2012 N.W. 13 STREET MIAMI, FL. 33 25
MGR	HECTOR J. BAYRON 2012 N.W. 13 STREET MIAMI. FL. 33125
	SECRE
	TALLIAHADSEE, FL
(Use attachment if necessary)	THE STA
an effective date is listed, the date must be date of liting.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days ot meet the applicable statutory filing requirements, this date will not be lisent of State's records.
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	member or an authorized representative of a member.

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)