

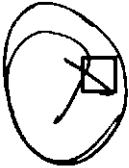
W21 000240865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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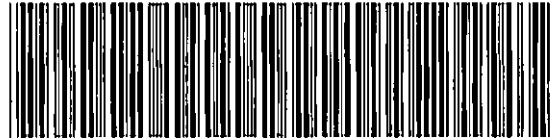
(Business Entity Name)

(Document Number)

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05/10/21--01001--012 \*\*125.00

NOTIFIED

2021 MAY -7 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

W21-63488



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 MAY 21 AM 10:10

TALLAHASSEE, FLORIDA

May 10, 2021

SUSAN S. THOMPSON  
SMITH THOMPSON SHAW COLON & POWER  
TALLAHASSEE, FL

SUBJECT: BAYCREST LLC  
Ref. Number: W21000063488

2020 MAY 21 PM 1:56

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We have received your document for BAYCREST LLC and your check(s) totaling \$125.00. 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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P03000001892.

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.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 721A00009681

**ARTICLES OF ORGANIZATION  
OF  
BAYCREST OF NORTH FLORIDA, LLC**

2020 MAY 21 PM 1:50

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The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **BAYCREST OF NORTH FLORIDA, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing of the business in Florida for the Company is: **4708 Capital Circle NW, Tallahassee, FL 32303**. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company is: **4708 Capital Circle NW, Tallahassee, FL 32303**. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: **SUSAN S. THOMPSON**, and the initial, registered office is located at **3520 Thomasville Road, 4th Floor, Tallahassee, FL 32309**.

7. **MANAGEMENT.**

The name and addresses of the persons authorized to manage and control the Limited Liability Company are as follows:

Mehran Ghazvini - *MBK*  
4708 Capital Circle NW  
Tallahassee, FL 32303

Behzad Ghazvini - *MBK*  
4708 Capital Circle NW  
Tallahassee, FL 32303

Jason Ghazvini - *MBK*  
4708 Capital Circle NW  
Tallahassee, FL 32303

Justin Ghazvini - *MBK*  
4708 Capital Circle NW  
Tallahassee, FL 32303

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**EXECUTED** at Tallahassee, Leon County, Florida this 12<sup>th</sup> day of May, 2021.

  
\_\_\_\_\_  
JUSTIN GHAZVINI, Manager

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **BAYCREST OF NORTH FLORIDA, LLC.**
2. The name of the registered agent and office is: **SUSAN S. THOMPSON at 3520 Thomasville Road, 4th Floor, Tallahassee, FL 32309.**

<b>ACKNOWLEDGEMENT</b>
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Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

  
\_\_\_\_\_  
**SUSAN S. THOMPSON, Registered Agent**

2008 MAY 21 PM 1:58

ED