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(Re	equestor's Name)	
(Ad	ddress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 * Tallahassee, Florida 32301 (850) 224-8870 * 1-800-342-8062 * Fax (850) 222-1222

415 N BAY LLC			
-			
			Art of Inc. File
	· · ·		LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Cimpotura			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: SETH	07/08/21		UCC 1 or 3 File
Name	$\frac{07/08/21}{Date} {Ti}$	me	UCC 11 Search
Nattic	Date 11	THE .	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		415 N Bay, LLC		
(Must contain	n the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principal o	office of the Limited	Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
415 N Bay Blvd		2011	Corona Rd Suite 203	
Anna Maria, FL 34216	· · · · · · · · · · · · · · · · · · ·	Colu	nbia, MO 65203	
ARTICLE III - Registered Agent	t, Registered Office,	& Registered Agen	t's Signature:	
ARTICLE III - Registered Agent The Limited Liability Company con another business entity with an act The name and the Florida street ad	t, Registered Office, annot serve as its own tive Florida registration	& Registered Agent Registered Agent. Yon.) d agent are:		2021 JÜL -
The Limited Liability Company or another business entity with an act	t, Registered Office, annot serve as its own tive Florida registration	& Registered Agent Registered Agent. Yon.) d agent are:	t's Signature:	2021 JÜL -8
The Limited Liability Company or another business entity with an act	t, Registered Office, annot serve as its own tive Florida registration	& Registered Agent Agent (Agent Agent Agen	t's Signature:	<u>လ</u>
The Limited Liability Company or another business entity with an act	t, Registered Office, annot serve as its own tive Florida registration dress of the registered Blalock Walters, P.A.	& Registered Agent Agent (Agent Agent Agen	t's Signature: 'ou must designate an individual or	-8 AM 8:
The Limited Liability Company of another business entity with an act Fhe name and the Florida street ad	t, Registered Office, annot serve as its own tive Florida registration dress of the registered Blalock Walters, P.A.	& Registered Agent of Registered Agent. Youn.) d agent are: Name	t's Signature: 'ou must designate an individual or	-8 AM

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-

Adam Guy 2011 Corona Rd Suite 203 Columbia, MO 65203 (Use attachment if necessary) E. V.: Effective date, if other than the date of filing:	Title:		and Address:
(Use attachment if necessary) E. V: Effective date, if other than the date of filing: (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. E. VI: Other provisions, if any. REOURED 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. Adam Guy Typed or printed name of signee Eiling Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	"AMBR" = Au	thorized Member	
(Use attachment if necessary) E. V. Effective date, if other than the date of filing:	'MGR" = Mar	ager	
(Use attachment if necessary) E.V.: Effective date, if other than the date of filing: (OPTIONAL) Extive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. E.VI: Other provisions, if any. REOUIRED 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. Adam Guy Typed or printed name of signee Filing Fess: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	MGR	Adam Guy	
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