# L22000003602

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2022 JAN -5 PH 1: 03

2022 JAN -5 PH 2: 35 SECRETALY OF STATE TALLAHASSEE, FL

2022 JAN -5 PH 2:

Inl- Y

CORPORATE	When	you	need	ACCESS	to	the	world	
ACCESS,								

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

## WALK IN

X	CERTIFIED COPY				
<b>Z</b> Ř	РНОТОСОРУ				
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xx	FILING	LLC			
	LB BAYVIEW INVES (CORPORATE NAME AND DOCUMENT)				
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#### COVER LETTER

	New Filing Sec Division of Cor				
CHR IE	LB Bayvie	w Investments, LLC			
SUBJEC	T:	Name of I	Limited Liabil	ity Company	<del></del>
The encl	osed Articles of	Organization and fee(s)	are submittee	for filing.	
Please re	tum all correspo	indence concerning this	matter to the	following:	
	Lisa Van Die	en			
			Name of	Person	
	London Bay	Development Group, L	LC		
	<del></del>		Firm/Co		
	2210 Vander	bilt Beach Rd, Suite 13	00		
	<del> </del>		Addı	ress	
	Naples, FL 3	4109			
			City/State ar	id Zip Code	
		Blondonbay.com E-mail address: (to be us	sed for future :	annual report notificati	ion)
or furthe		ncerning this matter, ple		,	
	Lisa Van Die		239	449-1511 _)	
	Nam	e of Person		Daytime Telephon	e Number
Enclosed	is a check for the	ne following amount:			
□\$125.	00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certif	(5.00 Filing Fee & ied Copy (al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division	g Address iling Section on of Corporations ox 6327		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre	assec

Tallahassee, FL 32303

Tallahassee, FL 32314

## FILED

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2022 JAN -5 PM 2: 35

SECRETARY OF STATE TALLAHASSEE, FL

Mailing Address:

LB Bayview Investments, LI	LC	LL	. 1	<ul> <li>Investments.</li> </ul>	Bayview	LB.	1
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(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:

Mailing Address:		
2210 Vanderbilt Beach Rd		
Suite 1300		
Naples, FL 34109		

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:

Stephen G. Wilson		
	Name	
2210 Vanderbilt Be	ach Rd, Suite 1300	
Florida street addre	ss (P.O. Box NOT ac	cceptable)
Naples	FL	34109
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)

		 _	
A	RTI	. F.	IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
	Mark D. Wilson
MGR	2210 Vanderbilt Beach Rd, Suite 1300
	Naples, FL 34109
	5 1 6 100
MGR	Stephen G. Wilson 2210 Vanderbilt Beach Rd, Suite 1300
	Nanies FI 34109
	FORETARY FALLAHAS
<del></del> -	<u> </u>
	—————————————————————————————————————
	ASSE
<del></del>	
	ATE ATE
(Use attachment if necessary)	
(Ose attachment in necessary)	
ARTICLE V: Effective date, if other than the date	of filing: January 3, 2022 (OPTIONAL)
	ecific and cannot be more than five business days prior to or 90 days after
the date of filing.)	neet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a me	ember or an authorized representative of a member.
This document is execut	ted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false constitutes a third degree	e information submitted in a document to the Department of State efforts as provided for in s.817.155, F.S.
Shope	(a. 1)1/500
	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)