# L22000071039

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PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF STATE ALL AHASSEF, ELORIDA

D. O'KEEFE FEB 2 1 2022

## COVER LÉTTER

TO: New Filing Section Division of Corporations
SUBJECT: Baisley Propertie's LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tyler Baisley Name of Person
Firm/Company
9523 SW 33" LN
Address
City/State and Zip Code  + this ley 21 @ gmail.com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tyle: Brisley at ( 1202 ) 518-7508  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status

### Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Baisley Properties (Must contain the words "Limited Liability Com	LC
(Must contain the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	imited Liability Company is:

Principal Office Address:	Mailing Address:
9523 SW 3350 LN	G. Sane
galnesille, FL 32608	

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:

ARTICLE I - Name:

Tyler 1	3 misley	
Ţ	Name	
9523 50	w. 33 <sup>~d</sup>	LN
Florida street address		
Gaires : (le	FL	3268
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)

022 FEB -4 PM 5: 1

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
- AMBR.	Tyle Baisley 9523 SW. 0310 LN Garreville, El 32608
- AMRO	Amie Brisher 9523 Siv 3370 LN Connescille Fl 32008
77 · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
	e of filing: (OPTIONAL)
ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not a ocument's effective date on the Department.	meet the applicable statutory filing requirements, this date will not be lis
ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not a comment's effective date on the Department.	meet the applicable statutory filing requirements, this date will not be lis
ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not a ocument's effective date on the Department.	e of filing: (OPTIONAL)  Decific and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be list of State's records.
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)  E: If the date inserted in this block does not a document's effective date on the Department of ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnetic date of the date	meet the applicable statutory filing requirements, this date will not be lis

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)