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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

BAIA VISTA, LLC		
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ARTICLES OF ORGANIZATION OF BAIA VISTA, LLC

ARTICLE I – NAME

The name of the limited liability company is BAIA VISTA, LLC, ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability

Company is:

Principal Office Address:

1047 Bay Circle

Panama City Beach, Florida 32407

Mailing Address:

1047 Bay Circle

Panama City Beach, Florida 32407

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENTS SIGNATURE

The name and the Florida street address of the registered agent are:

Margaret Marafino 1047 Bay Circle

Panama City Beach, Florida 32407

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.

Margaret Marafino
Margaret Marafino

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Margaret Marafino 1047 Bay Circle

Panama City Beach, Florida 32407

22 OCT

REQUIRED SIGNATURE:

Mas gavet Marahino
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.

Margaret Marafino

Typed or printed name of signee

SECRETARY OF STATE
SECRETARY OF STATE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY BAIA VISTA, LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

- 1. The name of the Limited Liability Company is BAIA VISTA, LLC.
- The name and the Florida street address of the registered agent and office are:
 Margaret Marafino

1047 Bay Circle, Panama City Beach, Florida 32407 (Post office box is NOT acceptable.)

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, Florida Statutes.

Margaret Marafeno

Registered Agent

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