Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000370401 3)))



H240003704013ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

		* **** ***** *****	n si desarrir in distribution :	\if		, , , , , , , , , , , , , , , , , , , ,
	To:				•	
		Division of Cor	porations	• •	T. 5	
		Fax Number	: (850)617-6381		ţ	
				<u>-</u>	72.7	
	From:			-	1)	
		Account Name	: GERALD WEINBERG,	P.C.	$\overline{65}$	
		Account Number	: I20030000043	; ;22.	11	
٠,		Phone	: (800)342-9856	;	24	*
•		Fax Number	: (800)354-3381	<i>2</i> 4 €2	क्रम	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

bailey's investment llc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

he name of the Limited Lin	ionity company is.			•	
	** 11		• •	***	
(Must	oontain the words "Limited Liabi	Nity Company '7	T C "	or iff I C In	
	and a standard of the stand (VPD)	nny Company, E.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or_wcc,")	
RITCLE II - Address:		•			
e mailing address and stre	set address of the principal office	of the Limited Lis	bllity	Company is:	
: <u>Pris</u>	ocipal Office Address:			Mailing Address:	
n (lav	Lazy Hollow Drive		403	Lazy Hollow Drive	÷ (
		- · / 		-SRE - 4 DE 0400 C	
	oveland FL 34736		. Ui	OVERING FL 34/36	
Gr TICLE III - Registered to Limited Liability Comp	Agent, Registered Office, & Re cany cannot serve as its own Regi	egistered Agent's stered Agent. You	Signa	overand FL 34736	ual or
Gr RTICLE III - Registered he Limited Liability Comp	Agent, Registered Office, & Re	egistered Agent's stered Agent. You	Signa	ture:	ual or
Gr RTICLE III - Registered the Limited Liability Comp other business ontity with	Agent, Registered Office, & Re cany cannot serve as its own Regi	stered Agent. You	Signa	ture; designate an individu	ual or
Gr RTICLE III - Registered the Limited Liability Comp other business ontity with	Agent, Registered Office, & Repart cannot serve as its own Region at active Florida registration.)	stered Agent. You	Signa	ture; designate an individu	uel or
Gr RTICLE III - Registered the Limited Liability Comp other business ontity with	Agent, Registered Office, & Repart cannot serve as its own Region at active Florida registration.)	stered Agent, You it are: iton Rainford	Signa must	ture; designate an individu	ual or
Gr RTICLE III - Registered the Limited Liability Comp other business ontity with	Agent, Registered Office, & Reparty cannot serve as its own Region an active Florida registration.) cet address of the registered agen Ver	stered Agent, You it are: iton Rainford	Signa must	ture; designate an individu	ual or
Gr RTICLE III - Registered the Limited Liability Comp other business ontity with	Agent, Registered Office, & Reparty cannot serve as its own Region an active Florida registration.) cet address of the registered agen Ver	stered Agent, You It are: ITON Rainford ITON Pailone TON Hallow Drive	Signa must	ture; designate an individu	ual or
Gr RTICLE III - Registered he Limited Liability Comp other business ontity with	Agent, Registered Office, & Reparty cannot serve as its own Region an active Florida registration.) cet address of the registered agen Ver Nan 403 La	stered Agent, You It are: ITON Rainford ITON Pailone TON Hallow Drive	Signa must	ture; designate an individu	ial or

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)

22 NOV _ 7 AM 2: 1

1121100x 3700013

Title:		Name and Address:	, :		
"AMBR" = Autho					
"MOR" = Manag			•		
AMBR		Vonc	n Rainfor Hollow I	rd	
			und FL 34		 '
		· \$.,	(£_1)	3 /	<u> </u>
·.			7.0		
					
• • • • • • • • • • • • • • • • • • • •			•		
1			<u></u>		
· .					
ili. 1974 Orași silișt					
	,		<u> </u>		
· .		7 ()	20	: t: :	_
		. 00	11 <u>,</u> ;	, (_
		jk.	E		
Use attachment if	necessary)				
EV: Effective date ctive date is listed filling.) the date inserted in	e, if other than the date of I, the date must be spect In this block does not mee	Ne and cannot be more than let the applicable statutory filling	ive basio	-	·
EV: Effective date ctive date is listed (filling.) the date inserted in fent's effective da	e, if other than the date of I, the date must be speci in this block does not mos its on the Department of	Ne and cannot be more than let the applicable statutory filling	ive basio	ess days prior to or :	
EV: Effective date ctive date is listed (filling.) the date inserted in fent's effective da	e, if other than the date of I, the date must be speci in this block does not mos its on the Department of	Ne and cannot be more than let the applicable statutory filling	ive basio g réduiren	ess days prior to or :	
EV: Effective date ctive date is listed (filling.) the date inserted in fent's effective da	e, if other than the date of I, the date must be speci in this block does not mos its on the Department of	Ne and cannot be more than let the applicable statutory filling	ive basio g réduiren	ess days prior to or :	
EV: Effective date ctive date is listed filling.) the date inserted in land, and a contract of the contract of	e, if other than the date of I, the date must be speci in this block does not mos its on the Department of	Ne and cannot be more than let the applicable statutory filling	ive busions reduiren	ess days prior to or :	
EV: Effective date ctive date is listed (filing.) the date inserted in lent's effective date. VI: Other provisional control of the control of	e, if other than the date of the date must be speck in this block does not meet to on the Department of ions, if any.	Ne and cannot be more than let the applicable statutory filling	ive busions reduiren	ess days prior to or :	
EV: Effective date ctive date is listed (filing.) the date inserted in lent's effective date. VI: Other provisional control of the control of	e, if other than the date of the date must be speck in this block does not meet to on the Department of ions, if any.	Ne and cannot be more than let the applicable statutory filling	ive busions reduiren	ess days prior to or :	
EV: Effective date ctive date is listed (filing.) the date inserted in lient's effective date VI: Other provisional control of the control of	e, if other than the date of it, the date must be special this block does not meet to on the Department of ions, if any.	of and cannot be more than it the applicable statutory filling State's records.	reduiren	ess days prior to or i	
E V: Effective date ctive date is listed filling.) the date inserted in fent's effective date. Wi: Other provisional fillings of the fillings	e, if other than the date of it, the date must be special this block does not meet to on the Department of ions, if any. NATURE:	of and cannot be more than it the applicable statutory filip State's records.	redulren	ess days prior to or inents, this date will r	ot be i
E V: Effective date ctive date is listed (filing.) the date inserted inserted inserted insert's effective date. Wi: Other provision of the column of the col	e, if other than the date of it, the date must be special this block does not meet to on the Department of ions, if any. NATURE: Signature of a member is document is executed in sware that any false in:	of and cannot be more than it the applicable statutory filip State's records. Description submitted in a document of the applicable statutory filip state's recordance with section 60 formation submitted in a document of the accordance with section 60 formation submitted in a document of the accordance with section 60 formation submitted in a document of the accordance with section 60 formation submitted in a document of the accordance with section 60 formation submitted in a document of the accordance with section 60 formation submitted in a document of the accordance with section 60 formation submitted in a document of the accordance with section 60 formation submitted in a document of the accordance with section 60 formation submitted in a document of the accordance with section 60 formation of the accordance with section of the accor	redulten	ess days prior to or nents, this date will r	ot be i
E V: Effective date ctive date is listed (filing.) the date inserted inserted inserted insert's effective date. Wi: Other provision of the column of the col	e, if other than the date of it, the date must be special this block does not meet to on the Department of ions, if any. NATURE: Signature of a member is document is executed in sware that any false in:	of and cannot be more than it the applicable statutory filip State's records.	redulten	ess days prior to or nents, this date will r	ot be i
E V: Effective date ctive date is listed (filing.) the date inserted inserted inserted insert's effective date. Wi: Other provision of the column of the col	e, if other than the date of it, the date must be special this block does not meet to on the Department of ions, if any. NATURE: Signature of a member is document is executed in sware that any false in:	or and cannot be more than it the applicable statutory filing State's records. Determine a suthorized represent in accordance with section 60 formation submitted in a document of the section of the se	redulten	ess days prior to or nents, this date will r	ot be i
ctive date is listed f filling.) the date inserted in nent's effective da E VI: Other provisi RECTURED SIGN	e, if other than the date of it, the date must be special this block does not meet to on the Department of ions, if any. NATURE: Signature of a memk is document is executed in aware that any false in a stitutes a third degree for	of and cannot be more than it the applicable statutory filip State's records. Description submitted in a document of the applicable statutory filip state's recordance with section 60 formation submitted in a document of the accordance with section 60 formation submitted in a document of the accordance with section 60 formation submitted in a document of the accordance with section 60 formation submitted in a document of the accordance with section 60 formation submitted in a document of the accordance with section 60 formation submitted in a document of the accordance with section 60 formation submitted in a document of the accordance with section 60 formation submitted in a document of the accordance with section 60 formation submitted in a document of the accordance with section 60 formation of the accordance with section of the accor	redultent talive of incent to the 55, F.S.	ess days prior to or nents, this date will r	ot be i
E V: Effective date ctive date is listed filling.) the date inserted in nent's effective date. Wi: Other provision of the columns of the colu	e, if other than the date of it, the date must be special this block does not meet to on the Department of ions, if any. NATURE: Signature of a memk is document is executed in aware that any false in a stitutes a third degree for	of and cannot be more than it the applicable statutory filip. State's records. State's records. For an authorized represelin accordance with section 60% formation submitted in a document of the section of the secti	redultent talive of incent to the 55, F.S.	ess days prior to or nents, this date will r	ot be I
EV: Effective date ctive date is listed (filling.) the date inserted in lient's effective date. EVI: Other provisional EVI: Other provisi	e, if other than the date of i, the date must be special this block does not meet to on the Department of ions, if any. NATURE: Signature of a membile document is executed in aware that any false institutes a third degree for the institutes a third degree for the institutes at th	or and cannot be more than it the applicable statutory filip State's records. State's records. For or an authorized represel in accordance with section 60: formation submitted in a document of the section of the se	redulrent 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	ess days prior to or nents, this date will remover. a member. (b), Plorida Statutes e Department of State	ot be I
EV: Effective date ctive date is listed (filing.) the date inserted in ient's effective date. VI: Other provisional EQUIPMED SIGN The last correspond to the corresponding records and corresponding responding	e, if other than the date of i, the date must be special this block does not meet to on the Department of ions, if any. NATURE: Signature of a member is document is executed an aware that any false institutes a third degree fellowy (Optional)	of and cannot be more than it the applicable statutory filip. State's records. State's records. For an authorized represelin accordance with section 60% formation submitted in a document of the section of the secti	redulrent 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	ess days prior to or nents, this date will remover. a member. (b), Plorida Statutes e Department of State	ot be I
EV: Effective date ctive date is listed (filing.) the date inserted in ient's effective date. VI: Other provisional EQUIPMED SIGN The last correspond to the corresponding records and corresponding responding	e, if other than the date of i, the date must be special this block does not meet to on the Department of ions, if any. NATURE: Signature of a member is document is executed an aware that any false institutes a third degree for a for Articles of Organ	or and cannot be more than it the applicable statutory filip State's records. State's records. For or an authorized represel in accordance with section 60: formation submitted in a document of the section of the se	redulrent 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	ess days prior to or nents, this date will remover. a member. (b), Plorida Statutes e Department of State	ot be I
E V: Effective date ctive date is listed filling.) the date inserted in fent's effective date. Wi: Other provisional state of the filling of the filling fees 30.00 Certified Signature of the filling fees 30.00 Certified	e, if other than the date of i, the date must be special this block does not meet to on the Department of ions, if any. NATURE: Signature of a member is document is executed an aware that any false institutes a third degree fellowy (Optional)	or and cannot be more than it the applicable statutory filip State's records. State's records. For or an authorized represel in accordance with section 60: formation submitted in a document of the section of the se	requirements of the second of	ess days prior to or nents, this date will remover. a member. (b), Plorida Statutes e Department of State	ot be i

H240003704013