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COVER LETTER

TO:	Registrat
IV.	Negisuai

ion Section **Division of Corporations**

SUBJECT: Bay Management Partners, LLC

(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Steve Robert Gagne		
(Na	me of Person)	
Bay Management Partr	ners, LLC	
(Fin	m/Company)	
5373 Ehrlich Road, Sui	ite 203-165	
	(Address)	
Tampa, FL 33625		0
(City/Sta	ate and Zip Code)	07 DEC
For further information concerning this matter, plea	ase call:	
Steve Gagne	_at (813) 908-8889	Z Z
(Name of Person)	(Area Code & Daytime Telephone Number 2	: ວ
MAILING ADDRESS:	STREET ADDRESS:	-
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\sum{1}\$\$125.00 Filing Fee \$\sum{1}\$\$130.00 Filing Fee & Certificate of	\$\sumsymbol{\sum}\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymb	Юру





FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2007

STEVE ROBERT GAGNE 5373 EHRLICH ROAD, STE 203-165 TAMPA, FL 33625

SUBJECT: BAY MANAGEMENT PARTNERS, LLC

Ref. Number: W07000058382

We have received your document for BAY MANAGEMENT PARTNERS, LLC and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 307A00068023

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Bay Management Partners, LLC (Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alternation company," "L.L.C.," "LLC.")	
_{2.} Delaware	26-0434976
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 06/27/2007 5. (Date of Organization)	perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6 10/23/2007	• •
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
7. 5373 Ehrlich Road, Suite 203-16	5
Tampa, FL 33625	
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed co	ompany, check here 🔽
9. The name and usual business addresses of the manag	
Bay Management Partners, LLC	(Steve Robert Gagne,
5373 Ehrlich Road, Suite 203-16	5 PALLS
Tampa, FL 33625	EC I
	3 T
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is	
translation of the certificate under oath of the translator must be submit	
11. Nature of business or purposes to be conducted or p	promoted in Florida: An administrative
services company	
	orized representative of a member.
(In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjury	, the execution of this document constitutes that the facts stated herein are true.)

Steve Robert Gagne
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY 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:
Bay Management Partners, LLC
If name unavailable, the alternate name to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Steve Robert Gagne
(Name)
17019 Winners Circle
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Odessa, 33556 FL
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 be obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00

5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

(Signature)

FILE

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAY MANAGEMENT PARTNERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Warriet Smith Windson Secretary of State

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6098743

DATE: 10-23-07

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