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EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Biscayne Bay Services. (Name of Lim	ted Liability Company)	
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are suliability company to transact business in Florida	bility Company for Authorization to Transact Business in ibmitted to register the above referenced foreign limited	
Please return all correspondence concerning this m	natter to the following:	
Julie Chace		
(Na	me of Person)	
Biscayne Bay Services	, LLC	
(Fir	m/Company)	
131 Buena Vista Dr. N		
	(Address)	
Dunedin, FL 34698		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Julie Chace	at (_727) 278-4452	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2}\$125.00 Filing Fee \$\Bigsim \frac{1}{2}\$130.00 Filing Fee & Certificate of	□\$155.00 Filing Fee & ☑\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy	

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 FOREIG: LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Biscayne Bay Services, LLC (Name of Foreign Limited Liability Company; must include the company)	ude "Limited Liability Company," "L.L.C.," or "L	ĹĊ.'')
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "L.L.C.," "LLC.")	ose of transacting business in Florida and attach a cornate name. The alternate name must include "Lin	opy of the writter nited Liability
₂ Delaware	3	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
4. 09/20/2006	5. 09/20/2021	
(Date of Organization)	(Duration: Year limited liability company wilexist or "perpetual")	cease to
6. Date first transacted business in FI	orido if avior to registration	
(See sections 608.501 & 608.502 F.S	orida, il prior to registration.) to determine penalty liability)	SEC SEC
7. 2400 South McCall Road, Suite	С	
Englewood, FL 34224		6 (ART)
	of Principal Office)	- 조를 기 유
8. If limited liability company is a manager-managed	company, check here	OF STATE
9. The name and usual business addresses of the man	aging members or managers are as follow	rs:
Julie L Chace 131 Buena Vista	Dr. N Dunedin, FL 34698	3
Todd R Chace 728 Crestwood	Dr. Englewood, FL 3422	 23
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be sub-	ny is not acceptable. If the certificate is in a foreign la mitted.)	nguage, a
11. Nature of business or purposes to be conducted or	r promoted in Florida: Computer S	Services
Signature of a member or an au (In accordance with section 608.408(3), F an affirmation under the penalties of perj Julie L Chace	ithorized representative of a member. S., the execution of this document constitutes ury that the facts stated herein are true.)	·

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:
Biscayne Bay Services, LLC
If name unavailable, the alternate name to be used in the state of Florida is: BBS:US:COM—
2. The name and the Florida street address of the registered agent and office are:
Julie L Chace (Name)
131 Buena Vista Dr. N Florida Street Address (P.O. Box NOT ACCEPTABLE)
Dunedin, FL 34698 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 the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BISCAYNE BAY SERVICES, 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-EIGHTH DAY OF DECEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BISCAYNE BAY SERVICES, LLC" WAS FORMED ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



AUTHENTICE ATTH Windsor Segretary of State

DATE: 12-28-07

OTHER TEATTON: 02/140/

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