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	ision of Corporation	ıs				
SUBJECT:	The Bay's Maids LL	.c				
ocude:		Name of I	Limited Liability (Company		
					ensact Business in Florida," Ce company to transact business	
Please return	all correspondence of	oncerning this matter to the	following:			
	Kathryn Long					
	······································	N	ame of Person	. ".· · · · ·	, 	
	The Bay's Maio	ls LLC				•
	<u> </u>	Fi	rm/Company			
	400 Hi There U	nit 104				
÷			Address			
	Horseshoe Bay	, Texas 78657-6060				
	 	City/Si	tate and Zip Code		· · · · · · · · · · · · · · · · · · ·	
	Katie@baysmaid	s.com				
		E-mail address: (to be used	for future annua	report not	ification)	
For further in	formation concerning	g this matter, please call:				
Kati	hryn (Katie) Long		720 at (393-093		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certified Copy	ficate

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June 18, 2015

KATHRYN LONG 400 HI THERE UNIT 104 HORSESHORE BAY, TX 78657-6060

SUBJECT: THE BAY'S MAIDS LLC Ref. Number: W15000042390

We have received your document for THE BAY'S MAIDS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6052.

Carol Mustain Regulatory Specialist II

Letter Number: 515A00012871

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Liability Company," "L.L.C	alternate name adopted for ," or "LLC.")	the purpose of transacting	g business in Florida. Th	e alternate nar	ne must include "Limited
Texas		3 46-55	603905		
(Jurisdiction under the law company is organized)	of which foreign limited	liability	(FEI numbe	r, if applicable	
4. July 1, 2015					
	(Date first transa (See sections 605.0	acted business in Florida, 1904 & 605.0905, F.S. to	if prior to registration.) determine penalty liabili		_
5. 400 Hi There #104				• ·	
Horseshoe Bay, TX 78	3657				_
		Address of Principal Offic	e)		- 2
6. 400 Hi There #104					
Horseshoe Bay, TX 78					
Tiorsesiloe Bay, 17.76		(Mailing Address)			
7. Nisaan uud utaan ud daa	6 19 1 1 1				で発表し
7. Name and street addre		agent: (P.O. Box NO	<u>i_acceptable</u>)	•	
Name:	Kathryn Long				18 TO
Office Address:	** 243 Moritani Point Ro		<u> </u>	,,	inger det gelegge in de Kolonie. Digen det gelegge in de Sie Sie Steine S
2. 2. 2. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	East Palatka, FL	.1	Florida 32	131 ^{- (5,778} -	A STATE OF THE STA
		(City)	, 1 lonua	(Zip code)	•
his application, I hereby	accept the appointmen statutes relative to the p	nt as registered agent a proper and complete p	nd agree to act in this	capacity. I	at the place designated in further agree to comply I familiar with and accept
with the provisions of all the obligations of my pos	unon as registerea agen	(Registered agent's si	gnature)		-
	- Ka		•	is/are:	-
the obligations of my pos	acity and address of the		•	is/are:	- . · ;
the obligations of my pos 8. The name, title or cap	acity and address of the MGR)		•	is/are:	
the obligations of my pos 8. The name, title or cap Kathryn Long, Manager (acity and address of the MGR)		•	is/are:	- · ;
8. The name, title or cap Kathryn Long, Manager (400 Hi There #104, Horse	acity and address of the MGR) eshoe Bay, TX 78657 e of existence, no more to f which it is organized	than 90 days old, duly a	e authority to manage	ficial having	custody of records in the
8. The name, title or cap Kathryn Long, Manager (400 Hi There #104, Horse O Attached is a certificate urisdiction under the law of the translator must be s	acity and address of the MGR) eshoe Bay, TX 78657 e of existence, no more to of which it is organized ubmitted) 147514 (2011) 19	than 90 days old, duly a	e authority to manage	ficial having	
8. The name, title or cap Kathryn Long, Manager (400 Hi There #104, Horse O. Attached is a certificate urisdiction under the law	acity and address of the MGR) eshoe Bay, TX 78657 e of existence, no more to of which it is organized ubmitted) 147514 (2011) 19	than 90 days old, duly a	e authority to manage	ficial having	

Typed or printed name of signee

Kathryn Long

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for The Bay's Maids' LLC. (file number 802025606), a Domestic Limited Liability Company (LLC), was filed in this office on July 11, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 01, 2015.



Cull -

Carlos H. Cascos Secretary of State