

MIL 000008508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

WIL-72210

Office Use Only



600291020886

10/21/16--01009--027 \*\*130.00

FILED  
16 OCT 26 AM 7:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Fax

Baypoint Associates LLC  
2519 N McMullen Booth Rd #510-287  
Clearwater, FL 33761

<b>To:</b>	<i>Stacey Warn, Examiner</i>	<b>To Fax:</b>	<i>850-245-6030</i>
<b>From:</b>	<i>Christopher Orsolits Secretary</i>	<b>From Fax:</b>	<i>888-503-3356</i>
<b>Date:</b>	<i>October 25, 2016</i>	<b>Pages:</b>	<i>1</i>

<b>Re:</b>	<i>Doc No. W16000072210</i>
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**Message:**

Dear State of Florida Div. of Corporations,

Please change the company name on the foreign LLC filing for "Baypoint Associates LLC" to "Baypoint Group LLC".

If possible, please add a DBA of "Baypoint Associates LLC" as well.

Yours Truly,

Christopher Orsolits  
Secretary

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16 OCT 26 AM 7:23  
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TALLAHASSEE, FLORIDA

RECEIVED  
2016 OCT 26 AM 7:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2016

CHRISTOPHER ORSOLITS  
2519 N. MCMULLEN BOOTH ROAD, SUITE 510-2  
CLEARWATER, FL 33761

SUBJECT: BAYPOINT ASSOCIATES LLC  
Ref. Number: W16000072210

We have received your document for BAYPOINT ASSOCIATES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L05000035823 BAY POINT ASSOCIATES, LLC.

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 916A00022763

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Baypoint Associates 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:

Christopher Orsolits

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2519 N McMullen Booth Rd Ste 510-287

\_\_\_\_\_  
Address

Clearwater, FL 33761

\_\_\_\_\_  
City/State and Zip Code

chrisorso@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Orsolits

855

771-4029

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

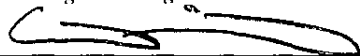
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

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:

1. Baypoint Associates LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Baypoint Group LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. State of Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2519 N McMullen Booth Rd Ste 510-287  
Clearwater, FL 33761  
(Street Address of Principal Office)
6. 519 N McMullen Booth Rd Ste 510-287  
Clearwater, FL 33761  
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Christopher Orsolits
- Office Address: 519 N McMullen Booth Rd Ste 510-287  
Clearwater, Florida 33761  
(City) (Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Christopher Orsolits

Secretary

519 N McMullen Booth Rd Ste 510-287, Clearwater, FL 33761

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
Signature of an authorized person

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.

Christopher Orsolits

Typed or printed name of signee

FILED  
16 OCT 26 AM 7:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAYPOINT ASSOCIATES 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 FOURTEENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAYPOINT ASSOCIATES LLC" WAS FORMED ON THE TWELFTH DAY OF OCTOBER, A.D. 2016.

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



6180116 8300

SR# 20166200316

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203159087

Date: 10-14-16