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FILE BAY INVESTMENT GROUP LLC

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
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nature

requested by: SETH

me

Date

Time

lk-In

Will Pick Up

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: RE EAGLE BAY INVESTMENT GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIA ACOSTA

Name of Person

RE EAGLE BAY INVESTMENT GROUP LLC

Firm/Company

103 PINEAPPLE COURT

Address

LONGWOOD FL 32750

City/State and Zip Code

pinnaclelntgroup@gmail.com

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

For further information concerning this matter, please call:

CLAUDIA ACOSTA	407	2190904
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|---|

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CLE I - Name:

name of the Limited Liability Company is:

RE EAGLE BAY INVESTMENT GROUP LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

CLE II - Address:

mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

103 PINEAPPLE COURT
LONGWOOD FL 32750

103 PINEAPPLE COURT
LONGWOOD FL 32750

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)

name and the Florida street address of the registered agent are:

CLAUDIA ASCOSTA

Name

103 PINEAPPLE COURT

Florida street address (P.O. Box **NOT** acceptable)

<u>LONGWOOD</u>	<u>FL</u>	<u>32750</u>
City	State	Zip

I have been named as registered agent and to accept service of process for the above stated limited liability company at the address 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..

Claudia Acosta

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

CLAUDIA ASCOSTA
103 PINEAPPLE COURT
LONGWOOD FL 32750

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/15/2023. (OPTIONAL)

If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

ANY ALL LAWFUL PURPOSE

REQUIRED SIGNATURE:

Claudia Acosta

Signature of a member or an authorized representative of a member.

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.

CLAUDIA ASCOSTA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)