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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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EXAMINER

COVER LETTER

, TO: Registration Division of C						
subject: Barefo						
	Name of Limi	ted Liability Co	mpany			
	of Organization and fee(s) are		_			
Please return all corres	pondence concerning this ma	tter to the follov	ving:			
James Tho	mas Frank	78				_
		Name of Person	1			
Barefoot Be	eer, LLC					_
		Firm/Company				
338 Spring	view Drive					-
		Address				
Sanford, FL				- Pu	6	_
eag1ize@y	ahoo.com	ty/State and Zip (E	ur va
For further information	E-mail address: (to be used concerning this matter, pleas		report notification)	აგ ლ< ლი	24	
	, p,	• •				,
James Thomas	Frank	at (407	323-7579	9 H	0	
Name	of Person	Area (Code & Daytime Tele	phone Number	—J	
	or the following amount:					
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	-	\$160.00 Filing Certificate of Certified Copy (additional copy	Status &)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	t/Courier Address tration Section ion of Corporations in Building Executive Center C nassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	e:	ame	Na	- N	L	J.K.	CL	П	ĸ	А
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The name of the Limited Liability Company is:

Barefoot Beer, LLC

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

ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address:</u>	
338 Springview Drive	338 Springview Drive	
Sanford, FL 32773	Sanford, FL 32773	
		_
	· ·	_

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

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

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

James Thomas Frank

Name

338 Springview Drive

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

Sanford, FL 32773

City, State, and 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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
Manager	James Thomas Frank	
	338 Springview Drive	
	Sanford, FL 32773	<u></u>
		P(0 - F)
(Use attachment if necessary)		
(
ARTICLE V: Effective date, if other than the	he date of filing:	gOPTIONAL):
If an effective date is listed, the date must	be specific and cannot be more than fiv	e business days prior
o or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		07
4	1/- 1	
	Momas Jeanh	
Signature of a mem	ber or an authorized representative of a mem	ber.
(In accordance with so of this document con that the facts stated	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of period herein are true.	on jury
lames	-11	_

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)