

LO2000024542

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 SEP 20 PM 1:46

FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- BARAB INVESTMENT, L.L.C.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

| | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | Non-Profit |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

AMENDMENTS

| | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

OTHER FILINGS

| | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

REGISTRATION/QUALIFICATION

| | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

DIVISION OF CORPORATION

02 SEP 20 AM 11:59

RECEIVED

800007897788-3
-09/20/02--01040--027
****125.00 ****125.00

Examiner's Initials

LO2-24542

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company is: **BARAH INVESTMENT, L.L.C.**

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is: **1651 N.W. 59th Way, Sunrise, Florida 33313.**

ARTICLE III

The name and address of the Registered Agent are:

**Byron Harriott
1651 N.W. 59th Way
Sunrise, Florida 33313**

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 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.


BYRON HARRIOTT

ARTICLE IV

The Limited Liability Company is to be managed by one manager and is therefore, a manager - managed company.


BYRON HARRIOTT

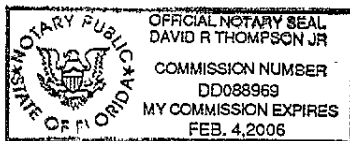
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF BROWARD

Before me the undersigned authority, personally appeared BYRON HARRIOTT, personally known to me, and known to me to be the person who executed the foregoing Articles of Organization.

Dated this 16th day of September 16th of September, 2002.


NOTARY PUBLIC



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TALLAHASSEE, FLORIDA

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