

**L03000039894**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**barker publishing company, llc**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Barker Publishing Company, LLC

ARTICLE II - Address:

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

Principal Office Address:

300 South Pointe Drive, PH 4005

Miami, FL 33139

Mailing Address:

300 South Pointe Drive, PH 4005

Miami, FL 33139

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Louis J. Terminello, Esq.

Name

TERMINELLO & TERMINELLO, P.A.

2700 S.W. 37th Avenue

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

Miami

FLORIDA 33133

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, Florida Statutes.*

C  
Registered Agent's Signature

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SECRETARY OF STATE  
OFFICE OF REVENUE  
TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Cecile D. Barker

300 South Pointe Drive, PH 4005

Miami, FL 33139

(Use attachment if necessary)

**ARTICLE V - DURATION:**

The period of duration of the Limited Liability Company shall be perpetual.

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

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

(In accordance with section 608.408(3), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Louis J. Terminella, authorized representative of Member  
Typed or printed name of signer

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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