

L03000050670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900025014519

12/02/03--01006--003 \*\*160.00

FILED  
03 DEC -1 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: M.B. Barry, 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:

Julie Marie Barry  
(Name of Person)

M.B. Barry, LLC  
(Firm/Company)

PO Box 2110  
(Address)

Santa Rosa Beach, FL 32459  
(City/State and Zip Code)

For further information concerning this matter, please call:

Julie Barry at (850) 835-2810  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 DEC - 1 AM 10:57

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

M.B. BARRY, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

18 Sunshine Place  
Freeport, FL  
32439

**Mailing Address:**

PO Box 2110  
Santa Rosa Beach, FL  
32459

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

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

Matthew B. Barry  
Name

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

Freeport FLORIDA  
City, State, and Zip

**FILED**  
03 DEC - 1 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

Matthew B. Barry  
Registered Agent's Signature

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

"MGRM" = Managing Member

Matthew B Barry  
12 Sunshone Place  
Freeport, FL 32439

"MGR"

(Use attachment if necessary)

DEPARTMENT OF  
TALLAHASSEE, FLORIDA

03 DEC -1 AM 10:57

7  
 8  
 9  
 10  
 11  
 12

**REQUIRED SIGNATURE:**

Matthew E. Baum

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

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

Matthew B. Bacon

Typed or printed name of signee

**\$ 5.00 Certificate of Status (Optional)**