

L03000054090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

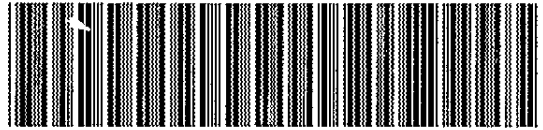
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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12/17/03--01046--017 \$470.00



RECEIVED  
03 DEC 17 PM 12:23  
DIVISION OF CORPORATION

FILED  
03 DEC 17 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Handwritten signature/initials

## ATTORNEYS' TITLE

Requester's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

FILED  
03 DEC 17 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

- 1- TOM BARKER, LLC
- 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

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR**  
**TOM BARKER IRRIGATION, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I  
NAME

The name of the limited liability company is TOM BARKER IRRIGATION, LLC

ARTICLE II  
ADDRESS

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

Street Address:  
Tom Barker Irrigation, LLC  
10501 NW 60th Terrace  
Alachua, FL 32615

Mailing Address:  
Tom Barker Irrigation, LLC  
10501 NW 60th Terrace  
Alachua, FL 32615

ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

THOMAS C. BARKER  
10501 NW 60th Terrace  
Alachua, FL 32615

*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.*

  
\_\_\_\_\_  
THOMAS C. BARKER

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:

Manager

Thomas C. Barker  
10501 NW 60th Terrace  
Alachua, FL 32615

  
\_\_\_\_\_  
THOMAS C. BARKER

(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).

  
\_\_\_\_\_  
THOMAS C. BARKER