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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRANKIE BARNES, 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:

FRANKIE BARNES

(Name of Person)

FRANKIE BARNES, LLC

(Firm/Company)

2284 HOLLEY TIMBER Road

(Address)

COTTONDALE, FL 32431

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANKIE BARNES

(Name of Person)

at (850) 579-4825

(Area Code & Daytime Telephone Number)

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FLORIDA
SECURITY
DIVISION
OF CORPORATIONS

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

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FRANKIE BARNES, LLC

ARTICLE II - Address:

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

Principal Office Address:

2284 HOLLEY TIMBER ROAD
COTTONDALE, FL 32431

Mailing Address:

2284 HOLLEY TIMBER ROAD
COTTONDALE, FL 32431

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

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

FRANKIE BARNES

Name

2284 HOLLEY TIMBER ROAD

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

COTTONDALE

FLORIDA 32431

City, State, and Zip

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FLORIDA
REGISTRATION
DIVISION

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..

Frankie Barnes

Registered Agent's Signature

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

MGRM

Name and Address:

FRANKIE BARNES
2284 HOLLEY TIMBER ROAD
COTTONDALE, FL 32431

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Frankie Barnes

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.)

FRANKIE BARNES

Typed or printed name of signee

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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DIVISION OF ORGANIZATIONS
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STATE OF FLORIDA
COUNTY OF JACKSON

Before me, the undersigned authority, personally appeared FRANKIE BARNES,
who being duly sworn, deposes and says:

That he is the owner of 10%, or more, of the business known as FRANKIE BARNES, LLC

Frankie Barnes

Signature

Address:

STATE OF FLORIDA
COUNTY OF JACKSON

Sworn to and subscribed before me this 10 day of DECEMBER, 2003,
by FRANKIE BARNES

Personally Known OR Produced Identification _____

Type of Identification Produced

NOTARY SIGNATURE Linda J. Cowan

My Commission Expires 3/2/2006

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