

# L03000054658

(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:

Name  
Availability

Document  
Examiner

Updater

DCC

Office Use Only

Updater  
Verifier

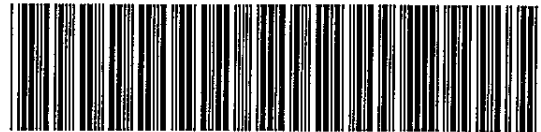
DCC

Acknowledgement

DCC

W. P. Verifier

DCC



900025379019

12/12/03--01023--005 \*\*125.00

03 DEC 12 PM 4:28

FILED  
SECRETARY OF STATE  
OFFICE OF THE CLERK

## 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 at (850) 579-4825  
(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 12 PM 4:28

**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

*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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 12 PM 4:29

**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

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 12 PM 4:29

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 12 PM 4:29

