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Florida Department of State  
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From: Account Name : HUBCO  
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MEMO

DIVISION OF CORPORATION

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RECEIVED

LIMITED LIABILITY COMPANY

Walter W Barnes LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$130.00 |

STATE OF FLORIDA

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

H03000344705

ARTICLE I - Name

The name of the Limited Liability Company is: **Walter W Barnes LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

5471 Shamrock St.

5471 Shamrock St.

Milton, FL 32570

Milton, FL 32570

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

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

Walter W Barnes

Name

5471 Shamrock St.

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Milton, FL 32570

(City / State / 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, F.S.*

**X**

Walter W Barnes

Registered Agent's Signature - Walter W Barnes

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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:

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**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

Walter W Barnes, 5471 Shamrock St., Milton, FL 32570

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\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

**X**   
Signature of a member or 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.)

**Walter W Barnes**

\_\_\_\_\_  
Typed or printed name of signee