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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : RICHARD G. COKER, JR., P.A.

Account Number : I20010000145 Phone : (954)761-3636 Fax Number ; (954)761-1818

LIMITED LIABILITY COMPANY

E.G. Bark, L.L.C.

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Copposate Filing

#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 26, 2004

RICHARD COKER, JR

SUBJECT: E.G. BARK, L.L.C.

REF: W04000008157

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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Tammi Cline Document Specialist FAX Aud. #: H04000042072 Letter Number: 104A00012995

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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporation	ons			
SUBJECT: E.G. Bark		<del></del>		
	(Name of Limited Liability Company)			
The enclosed Articles of Organ	nization and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
<u>Eric</u> Bark	<u> </u>	_ <b>=</b>	0	
	(Name of Person)		O4 FEB	
E.G. Bark			EB 7 6	-11. -
	(Firm/Company)			
1515 S.W.	20th Avenue	FLOTIDA	2	Ď
	(Address)		3: 57	
Fort La	uderdale, FL 33312	.EX		
	(City/State and Zip Code)	<b>-</b>		
For further information concern	ning this matter, please call:			
Eric Bark	at (954 ) 816-4996			
(Name of Perso		<del></del>		-

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 H04000042072 3

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability E.G. BARK, L.L.C	- •		····
ARTICLE II - Address: The mailing address and street ad	idress of the princips	al office of the Limited Liabi	lity Company is:
Principal Office Address:	_	Mailing Address:	TALL.
1515 S.W. 20th Avenue	<u> </u>	Same	LAHA
Fort Lauderdale, FL	33312		ALL ALL
			F. 9
			Silvie ORIDA
ARTICLE III - Registered Age The name and the Florida street a	ddress of the registe	-	gnature:
The name and the Florida street a	Chris Name  7th Avenue	red agent arc:  tine Vitolo  , Suite #2	gnature:
The name and the Florida street a	Chris	red agent arc:  tine Vitolo  , Suite #2	gnature:
The name and the Florida street a	Chris Name  7th Avenue	red agent arc:  tine Vitolo  , Suite #2	gnature:
The name and the Florida street a  2010 N.  Florida s  Dania B  ig been named as registered agent an any at the place designated in this ce to act in this capacity. I further agree complete performance of my duties, and	Chris  Chris  Name  E. 7th Avenue  treet address (P.O. Box )  Sach F  City, State, and Zip  d to accept service of  rtificate, I hereby accept to comply with the p  and I am familiar with	red agent arc:  tine Vitolo  , Suite #2  NOT acceptable)  LORIDA 33004  Sprocess for the above stated applies appointment as register revisions of all statutes relations.	limited liability ered agent and ng to the proper

Page 1 of 2 (CONTINUED)

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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:

Title:	Name and Address:	
"MGR" - M		
"MGRM" =	Managing Member	
MGRM	Erlc_Bark	
	1515 S.W. 20th Avenue	
	Fort Lauderdale, FL 33312	,
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(Use attachu	ient if necessary)	
(	,,	
NOTE: An	additional article must be added if an effective date is requested.	
REQUIRE	SIGNATURE:	
	- Cu / Out	
	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.)	
	mat the racis stated herein are true.)	
	Eric_Bark	
	Typed or printed name of signee	

Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

5 30.00 Cortified Copy (Optional)
5 5.00 Certificate of Status (Optional)