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(Ac	ldress)	
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(Ci	ty/State/Zip/Phone #	)
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WILLIAM CORPORATIONS
AND TANIASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Bargeron Enterprises LLC		
	of Limited Liability Company)	
The enclosed Articles of Organization and fee	e(s) are submitted for filing.	
Please return all corre	(Name of Person)  (Firm/Company)	7
Bernard L. Bargeron	E S	10
·	(Name of Person)	The C
Bargeron Enterprises LLC		φ. v.
	(Firm/Company)	) Ž
2645 Gibsonia Galloway Rd	7	$\sigma$
	(Address)	
Lakeland, Fl. 33810		
<del></del>	(City/State and Zip Code)	
For further information concerning this matter	er, please call:	
Bernard L. Bargeron	at ( 863 ) 853-2930	
(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JAN SALANSS	ALAN CO	
AHAS		16.00 M
	ONG	195

ARTICLE I - Name:	To the second se
The name of the Limited Liability Company is:	
Bargeron Enterprises LLC	
ARTICLE II - Address: The mailing address and street address of the princip	pal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2645 Gibsonia Galloway Rd	2645 Gibsonia Galloway Rd
Lakeland, Fl. 33810	Lakeland, Fl. 33810
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the registered L. Bargeron	
Name	
2645 Gibsonia Galloway Rd Florida street address (P.O. Bo	x NOT acceptable)
Lakeland, Fl. 33810  City, State, and Z	FLORIDA in

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Mana	ging Member(s):	
The name and address of each Manage	er or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	THE SERVICE OF THE SE
MGR	Bernard L. Bargeron	87.62 M
	2645 Gibsonia Galloway Rd	- K. 20 0.
	Lakeland, Fl. 33810	
		<del></del>
		_ <del>_</del> _
		<del></del>
(Use attachment if necessary)		
NOTE: An additional article must l	be added if an effective date is requested.	
REQUIRED SIGNATURE:	. ~	
Signature of a mambar or of	authorized representative of a member.	
7	<i>/</i>	
(In accordance with section 6) of this document constitutes a that the facts stated herein are	98.408(3), Florida Statutes, the execution n affirmation under the penalties of perjury true.)	
BERNARD L. Typed or	BARGERON printed name of signee	

<u>Filing Fees:</u> \$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)