

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I20000000146

Phone Fax Number : (305)444-4994

: (305)444-4977

LIMITED LIABILITY COMPANY

Barrister Holdings, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

JAMAD 30 PH 1: 2.

JIVISKET OF CORPORATION

Public Access Programmer

3/30/2004

https://efile.sunbiz.org/scripts/efilcovr.exe

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Berrister Holdings, LLC		
ARTICLE II - Address: The mailing address and street address of the	o principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2151 Le Jeune Rd., Mezzanine	same	
Coral Gebies, FL 33134		
ARTICLE III - Registered Agent, Register The name and the Florida street address of the Michael P. Gennett, Esq.	red Office, & Registered Agent's Signature: to registered agent are:	
The name and the Florida street address of the	ne registered agent are:	
The name and the Florida street address of the Michael P. Gennett, Esq. No. 2151 Le Jeune Rd., Mezza	ne registered agent are:	
The name and the Florida street address of the Michael P. Gennett, Esq. No. 2151 Le Jeune Rd., Mezza	ne registered agent are:	
The name and the Florida street address of the Michael P. Gennett, Esq. No. 2151 Le Jeune Rd., Mezza Florida street address (Coral Gables	ne registered agent are:	DIVIO
The name and the Florida street address of the Michael P. Gennett, Esq. No. 2151 Le Jeune Rd., Mezza Florida street address (Coral Gables City, State of the place designated in this certificate, I have to act in this capacity. I further agree to comply a series of the place designated in this capacity.	rine P.O. Box NOT acceptable) FLORIDA 33134 Service of process for the above stated limited liability sereby accept the appointment as registered agent and with the provisions of all statutes relating to the proper liar with and accept the obligations of my position as	DIVISION OF CORPC

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<u>Riling Fost:</u>
\$100.00 Filing Fee for Articles of Organization
\$ 25.90 Designation of Registered Agent
\$ 30.80 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	J. Everett Wilson
	2151 LoJeune Rd., Mezzanine
	Coral Gables, FL 33134
<u> </u>	
(Use attachment if necessary)	
NOTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	X —
Signature of a memb	er or an authorized representative of a member.
	ection 608.408(3), Floridz Statutes, the execution ditutes an affirmation under the penalties of perjury erein are true.)
J. Everett Wilson	
T	vocd or printed name of sience

04 MAR 30 AM 9:01

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