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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Barlow Site Work & Development, LLC
(Name of Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martin H. Barlow
(Name of Person)

Barlow Site Work & Development, LLC
(Firm/Company)

16020 Piddlin Pond Ln.
(Address)

Tampa, FL 33618
(City/State and Zip Code)

For further information concerning this matter, please call:

Martin Barlow at (813) 924-6494
(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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Barlow Site Work & Development, LLC

ARTICLE II - Address:

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

Principal Office Address:

16020 Piddlin Pond Ln.

Tampa, FL 33618

Mailing Address:

16020 Piddlin Pond Ln.

Tampa, FL 33618

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

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

Martin H. Barlow
Name

16020 Piddlin Pond Ln.
Florida street address (P.O. Box **NOT** acceptable)

Tampa, FLORIDA 33618
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..

Martin H. Barlow
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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:

MGR

Martin H. Barlow

16020 Piddlin Pond Ln.

Tampa, FL 33618

(Use attachment if necessary)

ARTICLE V - Effective date:

The effective date of these Articles of Organization is
August 16, 2004.

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Martin H. Barlow

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.)

Martin H. Barlow

Typed or printed name of signer

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)

**APPLICATION FOR RE-ISSUANCE OF NOTICE OF
ELECTION TO BE EXEMPT**

(CONSTRUCTION INDUSTRY ONLY)

Please use this application to apply for a re-issuance of an active construction industry exemption. **THERE IS NO FEE OR CHARGE FOR RE-ISSUANCE OF AN EXEMPTION.**

Certain documentation is required by law to be attached to this application. Please refer to the instruction sheet for more details.

STATE USE ONLY

Effective/Issue Date: _____

Expiration Date: _____

Control Number: _____

Postmark Date: _____

Received Date: _____

SECTION 1: APPLICANT INFORMATION

Name of Applicant: <u>Martin H. Barlow</u>		Social Security #: <u>413-74-5638</u>	Current Exemption Expiration Date: <u>Jan. 2004</u>	
Mailing Address: <u>16020 Piddlin Pond Ln.</u>		City: <u>Tampa</u>	State: <u>FL</u>	Zip: <u>33618</u>
County: <u>Hillsborough</u>	Phone #: <u>(813) 924-6494</u>	Scope of Business or Trade of Applicant: <u>1. Landscape 2. Tree Removal 3. EXCAVATION</u>		

SECTION 2: CORPORATE INFORMATION or LIMITED LIABILITY COMPANY (LLC) INFORMATION

Name of Corporation or LLC: Barlow Site Work & Development, LLC

Corporation Registration Number: _____

FEIN: _____

SECTION 3: LICENSES

- A. Certified or Registered Licenses held by the applicant pursuant to Chapter 489, F.S. _____
- B. Does the county or municipality in which your business is located require an occupational license for your business?:
☐ Yes ☐ No IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED

SECTION 4: Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies? ☐ Yes ☒ No IF YES, PLEASE LIST THE NAME(S) AND FEIN(S) OF THE AFFILIATED CORPORATION(S) OR LLC(S).

Name: _____ FEIN: _____

SECTION 5: You must provide the required proof of ownership in the corporation or LLC.

- A. To be eligible for an exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. **A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED.**
- B. To be eligible for an exemption as a member of a limited liability company (LLC), the applicant must confirm ownership of at least 10% of the company. **THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY PRODUCTION OF DOCUMENTATION REFLECTING THE REQUIRED OWNERSHIP, OR BY SUBMITTING A NOTORIZED STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP.**

AFFIDAVIT OF APPLICANT: Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree. I hereby certify that the information contained herein is true and correct.

Martin H. Barlow
TYPE/PRINT NAME OF APPLICANT

Martin H. Barlow
APPLICANT'S SIGNATURE

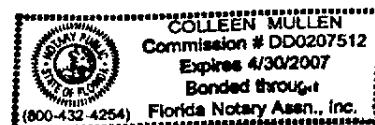
NOTARY STATE OF FLORIDA, COUNTY OF Charlotte

Sworn to and subscribed before me this 18 day of August, 2004, by Martin H. Barlow

Personally Known _____ OR Produced Identification X Type of Identification Produced 8640-5668-45-296-0

NOTARY SIGNATURE Colleen Mullen My Commission Expires 4/30/07

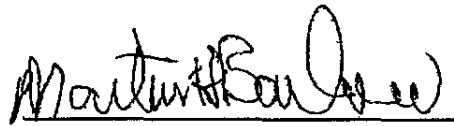
Workers' Compensation Information Online - <http://www.fldfs.com/WCI/>



AFFIDAVIT OF COMPANY OWNERSHIP

To Whom it may concern:

I, Martin H. Barlow hereby certify that I possess 51% ownership of Barlow Site Work & Development, LLC.



Martin H. Barlow

NOTARY STATE OF FLORIDA, COUNTY OF Charlotte
Sworn to and subscribed before me this 18 day of August, 2004,
by Martin H. Barlow
Personally Known _____ OR Produced Identification X Type of Identification
Produced FDL B640-568-45-296-0
NOTARY SIGNATURE Colleen Mullen
My Commission Expires 4/30/07

