

L04000077497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

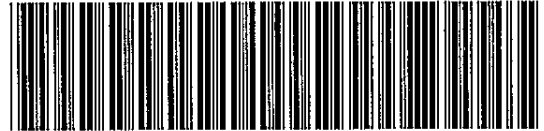
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04 OCT 26 PM 9:41  
STATE  
TALLAHASSEE, FLORIDA  
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04 OCT 26 PM 12:16  
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TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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*Barefoot Casual Furniture, LLC*

- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- ☒ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- ☒ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: *WC*

Name \_\_\_\_\_

Date *10/25*

Time *5:00*

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
04 OCT 26 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

The name of the limited liability company is:

**BAREFOOT CASUAL FURNITURE, LLC**

**ARTICLE II**

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

**PRINCIPAL OFFICE ADDRESS**

Barefoot Casual Furniture  
390 S. Geronimo Street  
Destin, Florida 32550

**MAILING ADDRESS**

Barefoot Casual Furniture  
c/o John L. Miller, IV  
75 Indian Bayou Drive  
Destin, Florida 32541

**ARTICLE III**

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

Michael L. Weimorts, Esquire  
Michael L. Weimorts, P.A.  
4507 Furling Lane, Suite 209  
Destin, Florida 32541

*Have 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.*

  
MICHAEL L. WEIMORTS, Esquire

**ARTICLE IV**

The name and address of each Manager of Managing Member is as follows:

<b><u>TITLE</u></b>	<b><u>NAME &amp; ADDRESS</u></b>
Manager	John L. Miller, IV 75 Indian Bayou Drive Destin, Florida 32541
Managing Member	Allison R. Miller 75 Indian Bayou Drive Destin, Florida 32541

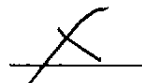
REQUIRED SIGNATURE:

  
\_\_\_\_\_  
**MICHAEL L. WEIMORTS**

STATE OF FLORIDA  
COUNTY OF OKALOOSA

I HEREBY CERTIFY that on this 22 day of October, 2004, before me, an officer duly authorized in the State of Florida and County of Okaloosa to take acknowledgements, personally appeared MICHAEL L. WEIMORTS, who is personally known to me or who has produced the identification listed below, who is the person described herein and who executed the foregoing instrument, and who after being duly sworn says that the execution hereof is her free act and deed for the uses and purposes described herein.

SWORN TO AND SUBSCRIBED before me on the day and year last aforesaid.

 To me personally known  
\_\_\_\_\_  
Identified by Driver's License Number \_\_\_\_\_ issued  
by the State of \_\_\_\_\_



  
\_\_\_\_\_  
**KIM Clark**

NOTARY PUBLIC  
My Commission Expires: 4/28/2007