

L04000080781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Name  
Residence

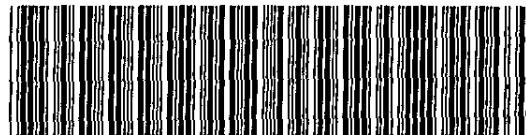
Business

Office Use Only

Signature

Date of Signature

W. P. Verifier



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10/20/04--01017--005 \*\*160.00

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FALLS CHURCH, VA

2004 OCT -8 PM 1:33

711 570

member sign.

104000038872

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Barrocas Properties, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Scott Barrocas  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

3161 Palm Trace Landings Drive Apt 1104  
(Address)

Davie, Florida 33314  
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Barrocas at ( 954 ) 649-1397  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2004 NOV -8 P 1:33

11:30



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 22, 2004

SCOTT BARROCAS  
3161 PALM TRACE LANDINGS DRIVE, APT 1104  
DAVIE, FL 33314

SUBJECT: BARROCAS PROPERTIES, LLC  
Ref. Number: W04000038872

We have received your document for BARROCAS PROPERTIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 304A00060854

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Barrocas Properties, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

3161 Palm Trace Landings Drive Apt 1104  
Davie, Florida 33314

#### Mailing Address:

3161 Palm Trace Landings Drive Apt. 1104  
Davie, Florida 33314

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

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

Scott Barrocas

Name

3161 Palm Trace Landings Drive Apt 1104

Florida street address (P.O. Box **NOT** acceptable)

Davie

FL 33314

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, F.S..*

*Scott Barrocas*

Registered Agent's Signature

(CONTINUED)

**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

Scott Barrocas

3161 Palm Trace Landings Drive Apt 1104

Davie, Florida 33314

MGRM

Barbra Greenspan

3161 Palm Trace Landings Drive Apt 1104

Davie, Florida 33314

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Scott Barrocas

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.)

Scott Barrocas

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**