

Division of Corporations Public Access System

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Mah

To:

Division of Corporations

Fax Number

Account Name

ty (850) 205~0383

From:

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (212)431-5000

Fax Number : (212) 431-1441

LIMITED LIABILITY COMPANY

THE BARRETT GREEN CO., LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help<

MHI: 21

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

## ARTICLES OF ORGANIZATION

ARTICLE I - Name The name of the Lim	ited.Liability Company	is:			
THE BARRETT GREE	N CO., LLC	·	···		
ARTICLE II - Add The mailing address	ress: and street address of the	e principal of	fice of the Lin	nited Liabil	ity Com
Principal Office Ad	dress:		Mailine Addr	: :	
808 BRICKELL KEY DRIVE UNIT 802		. \$	808 BRICKELL	KEY DRIVE	UN IT 8
MIAMI, FL 33131			MIAMI, FL 3313	រ។	
	-	ε <sup>1</sup> ' .			
<del> </del>			7.		
The name and the Fl	ristered Agent, Registe orida street address of the BARRETT GREEN	ne registered	& Registered agent are:	Agent's Si	gnature:
The name and the Fl	orida street address of the BARRETT GREEN Na	ne registered	& Registered agent are:	Agent's Si	gnature:
The name and the Fl	orida street address of the	ne registered me E UNIT 802	agent are:	Agent's Si	gnature:
The name and the Fl.	orida street address of the SARRETT GREEN Na 308 BRICKELL KEY DRIV	me E UNIT 802 (P.O. Box <u>NO</u> )	agent are:	Agent's Si	gnature:
The name and the Florida	orida street address of the BARRETT GREEN Na BOB BRICKELL KEY DRIV Plorida street address	me E UNIT 802 (P.G. Box NO) FLO	agent are:  Cacceptable)  RIDA 33121	- - -	

Page 1 of 2 (CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

Fax:888-692-9256

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

<u> Citle:</u>	Name and Address:		
'MGR" = Manager			
"MGRM" = Managing Member			
MGRM	BARRETT GREEN		
	808 BRICKELL KEY DRIVE UNIT 802		
	MIAMI, FL 33131		
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(Use attachment if necessary)			
(Osc attactations is mocessary)			
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NOTE: An additional auticle mu	st be added if an effective date is requested.		
NOTE: AM EQUINORAL EL UCIE IND	se be added it all effective date is requested.		
REQUIRED SIGNATURE:			
REQUIRED SIGNATURE			
	r an authorized representative of a member.		
Signature of a member of	r an animorized representative by a member.		
	n 608.408(3), Florida Statutes, the execution		
	es an affirmation under the ponalties of perjuty 💢 👵		
that the facts stated herein	are true.)		
	RRETT GREEN		
Typed	or printed name of signee		

Filing Fets:
\$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)