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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1ES Barlon Massachusetts Ave. LLC. (Name of Limited Liability Company)
(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:
TACK & Bardon (Name of Person)
(Name of Person)
JACK E. BARdor and Sheila M. Barton Family Cinited Po (Firm/Company)
3331 Gardenia Dr. (Address)
Hernando Beach, Florida 34607 (City/State and Zip Code)
For further information concerning this matter, please call:
JACK & BARDON 11 727, 809-0758
(Name of Person) at (727) 809-0758 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
1 & S Barton Massac	husetes Ave. LLC.
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
LOOZ3 Massachusetts Ave New Port Richey, FI 34653	3331 Gardenia Dr. Hernendo Beach, Fl 34607
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
JACK E T	Spaton
Name	
3331 Gardenia Florida street add Hernando Beach City, State, a	Dr.
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Hernando Beach	FL 34607
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Kegistereti Agent's	ASSEE, FLO
Page 1 of 2	

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:	
MGRM	JACK & Barton 3331 Gardenia Dr. Hernando Beach, FI 34607	
MORM	Sheila M. Barton 3331 Gardenta Dr. Hennerdo Beach, Fr 34607	-
(Use attachment if necessary)	le must be added if an effective date is requested.	
REQUIRED SIGNATURE: Signature of this documents of this documents.		
	Typed or printed name of signee	
Filing Fees: \$125.00 Filing Fee for Articles of Registered Agent \$ 30.00 Certified Copy (Optio \$ 5.00 Certificate of Status (of Organization and Designation	