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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

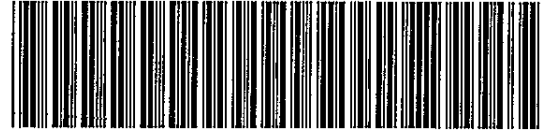
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: BARTOMIKE, 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:

**THOMAS KIMKOWSKI**

(Name of Person)

**BARTOMIKE, LLC**

(Firm/Company)

**5722 NW 66 TERRACE**

(Street Address)

**TAMARAC, FLORIDA 33321**

(City, State & Zip)

For further information concerning this matter, please call:

**THOMAS KIMKOWSKI** at **( 954 ) 445-2769**  
(Area Code & Daytime Telephone Number)

**STREET ADDRESSES:**  
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:

BARTOMIKE, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

5722 NW 66 TERRACE  
TAMARAC, FL. 33321

**Mailing Address:**

5722 NW 66 TERRACE  
TAMARAC, FL. 33321

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The names of the Florida street address of the registered agent are:

THOMAS KIMKOWSKI

Name

5722 NW 66 TERRACE

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

TAMARAC, FLORIDA 33321

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 and complete performance of duties, and I am familiar with and accept the obligation of my position as registered agent as provided for in Chapter 608, Florida Statutes..*



Registered Agent's Signature

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**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

THOMAS KIMKOWSKI  
5722 NW 66 TERRACE  
TAMARAC, FLORIDA 33321

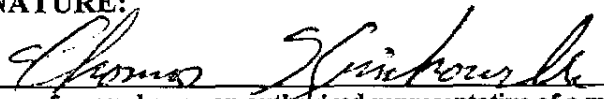
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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

**THOMAS KIMKOWSKI**

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee For Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)