

L05000044636

Florida Department of State  
Division of Corporations  
Public Access System

FILED  
2005 MAY -5 AM 9:55  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000115243 3)))

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

RECEIVED  
05 MAY -5 PM 12:52  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**bar-tra investments, l.l.c**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. BRYAN MAY - 6 2005

③

H0500011524

FILED  
2005 MAY -5 AM 9:55  
DALLAS COUNTY, TEXAS  
CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BAR-TRA Investments, L.L.C

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1708 S.W. 9th Street  
Fort Lauderdale FL 33312

same

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

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

HAROLD WEISSMAN, P.A.  
Name  
1776 N. PINE ISLAND RD  
Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33322  
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..*

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

H05000115243

TOTAL P. 03

1105000115049

**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:**

Traci Gruhler

1708 SW 9th St

Corv Landendale FL 33318

Barbara Jacobson

8030 Leitch Drive West

Coral Springs FL 33067

FILED  
2005 MAY -5 AM 9:55  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Traci Gruhler

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.)

TRACI GRUHLER

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)

1105000115243