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	(Requestor's Name)
	(Address)
<u> </u>	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
·	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporate	ions			
SUBJECT: B	AREFOOT FL (Name of Limite	OORING LLC. d Liability Company)		
The enclosed Articles of Orga	mization and fee(s) are s	ubmitted for filing,		
Please return all corresponder	ce concerning this matte	r to the following:		
M_{\bullet}	ARK A. PECK			
	(I	Name of Person)		
Ва	REFOOT FLOO	RING LLC.		
	REFOOT FLOO	Firm/Company)		
3124 W	1.21 ⁵ CT.	(Address)	7000	
Panama	a City, FL. 3	State and Zip Code)		
For further information concer	ming this matter, please o	call:		
MARKA PECK		at (850) 913-18	354	بري دري وري
(Name of Pers	son)	(Area Code & Daytime Te	elephone Number)	للمط
Enclosed is a check for the	following amount:	,	r) 3
_	S130.00 Filing Fee & clificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Fi Certificate of S Certified Cop (additional copy i	Status &

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

The name of the Limited Liability Com				
ARTICLE II - Address:			····	
The mailing address and street address of	of the principal office of the Limited	Liabilit	y Con	npany is:
Principal Office Address:	Mailing Address:			
3124 W. 215T. CT.	3124 W. 215 CT.			
3124 W. 21ST. CT. PANAMA City, FL. 32405	PANAMA CHY, FL. 32	405		
ARTICLE III - Registered Agent, Registered Agent		it's Sigr	1 atur e	e:
	. (
3124 W. 2151	CT.	ee A		
Florida:	street address (P.O. Box NOT acceptable)	100	~3 ∵1 1	
<u>Panama Crty</u> City	street address (P.O. Box <u>NOT</u> acceptable) FL 32405 y, State, and Zip		H 20	* *
Having been named as registered agent	and to accept service of process for the ated in this certificate, I hereby accept capacity. I further agree to comply w	he above the app ith the p	state oiņțm roviși	d limited ent as ons of all

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR (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

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

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)

that the facts stated herein are true.)

MARK A. PECK

Typed or printed name of signee