

# LO5000058647

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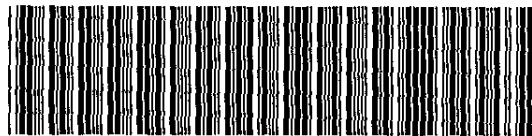
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2005 JUN -7 P 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BARKER & BLADES ASSOCIATES 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:

ANTHONY BLADES  
(Name of Person)

BARKER & BLADES ASSOCIATES LLC  
(Firm/Company)

5073 MASSEY DR.  
(Address)

LAKE WORTH FL. 33463  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY BLADES at (561) 649-7825  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & 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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PARKER + BLADES Associates LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

5073 MASSY DR.  
LAKE WORTH  
FL. 33463

5073 MASSY DR  
LAKE WORTH  
FL. 33463

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

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

ANTHONY BLADES  
Name

5073 MASSY DR.  
Florida street address (P.O. Box **NOT** acceptable)  
LAKE WORTH FL 33463  
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.

AB Blades  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

(CONTINUED)

**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:**

PRESIDENT

ANTHONY BLADES  
5073 MASSY DR.  
LAKE WORTH FL. 33462

VICE PRESIDENT

RAWLE BARKER  
6201 AMBER MIST LANE  
CHARLOTTE NC 28211

SECRETARY

JACQUELINE BARKER  
6201 AMBER MIST LANE  
CHARLOTTE NC 28211

TREASURER

MAUREEN BLADES  
5073 MASSY DR.  
LAKE WORTH FL. 33462

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Anthony Blades

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.)

ANTHONY BLADES

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)**

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**2005 JUN -7 P 12:55**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**