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Dina Scuerini (Requestor's Name)
Bene Irands. Inc.
(Addiess)
North Wales, PA 1945
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SECRETARY OF STATE

TRANSMITTAL LETTER

Programme 10: Registration Se Division of Cor				
SUBJECT:	Barr Brothers	Properties, LLC		
	(Name of Limite	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.		
	ondence concerning this matte			
	Dina	a Severini		
		Name of Person)		, <u>, , , , , , , , , , , , , , , , , , </u>
	Ropot	rends, Inc.		
		Firm/Company)	<u>.</u>	
	1180 Welch F	Road, Suite 170		TS 9
<u> </u>		(Address)		
		, ,		AND NO.
	North Wales,	PA 19454		SECRETARY OF STATE FLORID
	(City.	/State and Zip Code)		# 12: FELO
For further information	concerning this matter, please	call:		REA 25
Dina Severini		••• \/	198-0059	
(Name	of Person)	(Area Code &	Daytime Te	lephone Number)
Enclosed is a check fo	r the following amount:			
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy		\$160.00 Filing Fee, Certificate of Status &
		(additional copy is e	enclosed)	Certified Copy (additional copy is enclosed)
	ET ADDRESS:		AILING A	
Registration Section Division of Corporations		Registration Section Division of Corporations		
409 E.	P.O. Box 6327			
Tallahassee, Florida 32399		Tallahassee, Florida 32314		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

-	
rincipal office of the Limited Liabil	lity Company is:
Mailing Address:	
9157 Highland Ridge Way	
Tampa, FL 33647	
d Office, & Registered Agent's Signeregistered agent are:	
	FILI 05 JUN 24 SECRELARD
	野皇一
ıy	SSI PULT PULT PULT PULT PULT PULT PULT PULT
dress (P.O. Box NOT acceptable)	PM 12: 25
FL 33647	100 P
and Zip	₩ 25
	mailing Address: Mailing Address: 9157 Highland Ridge Way Tampa, FL 33647 H Office, & Registered Agent's Signey agent are: Pregistered agent are: Programmed Pro

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)

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
"MGRM"	Barr Industries, Inc. 9157 Highland Ridge Way Tampa, FL 33647
	
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(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
-	or an authorized representative of a member.
of this document constitut that the facts stated here	es an affirmation under the penalties of perjury
	n W. Barr d or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	N 24 AHASSE