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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

om:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

barnet investments, Ilc

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

BARNET INVESTMENTS, LLC

ARTICLE I

The name of the Limited Liability Company shall: BARNET INVESTMENTS, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: P.O. BOX 278722, MIRAMAR, FL 33027.

ARTICLE IV

The name and the Florida street address of the registered agent: KATHERINE BARNET, 4085 SW 152ND AVENUE, MIRAMAR, FL 33027.

ARTICLE V

The name of managing member(s) of this company shall be:

MANAGING MEMBER KATHERINE BARNET MANAGING MEMBER RICARDO BARNET 05 JUL 15 AMII: 30
SECRETARY DESIGNE

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

Barnet Investments, LLC (Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization. I hereby accept the appointment as registered agent and agree to set 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.

Registered Agent

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 purjury that the facts stated herein are true.)

Typed or printed some of signer

SECRETABLY OF STATE ORIDA

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