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(F	lequestor's Name)	
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(0	city/State/Zip/Phone #)	;
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
	,,	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
\mathbb{N}	Office Use Only	



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SEL ATTENTE

TRANSMITTAL LETTER

Barrington, LLC	
d Liability Company)	
2 Maching Company	
ubmitted for filing.	
r to the following:	
H Barrington	
Name of Person)	
arrington, LLC	
Pirm/Company)	
2 Egret PL (Address)	
, F1 34202	
State and Zip Code)	
rall:	
at (305) 201 85855 × 805 x 805	
(Area Code & Daytime Telephone Number)	
E P	
□ \$155.00 Filing Fee & □ \$160.00 Filing Fee,	
Certified Copy Certificate of Status & Certificate Copy (additional copy is enclosed)	
(additional copy is enclosed)	
MAILING ADDRESS:	
Registration Section Division of Corporations	
P.O. Box 6327 Tallahassee, Florida 32314	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Diane H Barrington, 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:
14159 Pattle Earet PL Bradenton 9 34862
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are: Name Name
14159 Cattle Egget PL
Florida street address (P.O. Box NOT acceptable)
Bradenton B 34202
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
accept the obligations of my position as registered agent as providing in chapter out of the providing the providi
Registered Agent's Signature

(CONTINUED)

The name and address of each Ma	anager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = M maging Member	Name and Address:
<u>M</u> GRM	Diemett Barrington 14159 Cattle Egget FL Bradentona, F1 34202
(Use attachment if necessary) NOTE: An additional article me	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	mber or an authorized representative of a member.
(In accordance with of this document of that the facts state	n section 608.408(3), Florida Statutes, the execution sonstitutes an affirmation under the penalties of perjury ed herein are true.) Typed or printed name of signes
<u>Filing Fees:</u> \$125.00 Filing Fee for Articles of O of Registered Agent \$ 30.00 Certified Copy (Optional)	rganization and Designation
\$ 5.00 Certificate of Status (Option	onal) ုံး လ ့==ရွ