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| (Re | equestor's Name) | |
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| (Ac | ldress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |





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CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • _1-800-342-8062 • Fax (850) 222-1222

| Barrows, Wilson + Brypot, AC | ARCO RESOLUTION |
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| ورد المعاوم المراجع ال | Art of Inc. File |
| | LTD Partnership File |
| | Foreign Corp. File |
| | L.C. File |
| | Fictitious Name File |
| | Trade/Service Mark |
| | Merger File |
| | Art. of Amend. File |
| | RA Resignation |
| | Dissolution / Withdrawal |
| | Annual Report / Reinstatement |
| | Cert. Copy |
| | Photo Copy |
| | Certificate of Good Standing |
| | Certificate of Status |
| | Certificate of Fictitious Name |
| | Corp Record Search |
| | Officer Search |
| | Fictitious Search |
| Signature | Fictitious Owner Search |
| orginator - | Vehicle Search |
| | Driving Record |
| Requested by: | UCC 1 or 3 File |
| Name Date Time | UCC 11 Search |
| Name Date Time | UCC 11 Retrieval |
| Walk-In Will Pick Up | Courier |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

Barrows, Wilson & Bryant, LLC.

ARTICLE II

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

902 Sago Palm Way Apollo Beach, FL 33572

The mailing address of the Limited Liability Company is:

902 Sago Palm Way Apollo Beach, FL 33572

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

Acquire, own, manage, buy, sell, and develop real estate and any to do and all other lawful business or transactions

ARTICLE IV

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

Robert W. Wilson 902 Sago Palm Way Apollo Beach, FL 33572

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.

Registered Agent Signature:

SHE STATES TOMON

ARTICLE V

The name and address of managing members/managers are:

Title: MGRM

Steven P. Barrows 16910 Equestrian Trail Odessa, FL 33556

Title: MGR

Robert L. Bryant Sr. 11001 Ft. King Road Dade City, FL 33525

ARTICLE VI

| The effective date for this Limited Liability Company shall be: | 2005 |
|--|------|
| Signature of member or an authorized representative of a member: | |
| Signature: | |
| STEVEN P. BARROWS | |