# L05000122958

(Requestor's Name)	<del></del>
(Nequesions Mattie)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	·······
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Section 2 may statute)	
(Document Number)	
(Boourness Number)	
Codificat Continue Codification of Clarks	_
Certified Copies Certificates of Status	·
Special Instructions to Filing Officer:	
	1





300062379593

12/28/05--01006--020 \*\*160.00

2005 DEC 28 PM L: 36

01-01-06

# **COVER LETTER**

Registration Section

TO:

Division of Corp	porations			
<sub>SUBJECT:</sub> M A Ba	rrett, LLC			
oobject.	(Name of Limite	d Liability Company)		•
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please return all correspon	ndence concerning this matte	er to the following:		
Marshall A	. Barrett, III			
		Name of Person)	· · · · · · · · · · · · · · · · · · ·	
M A Barret	t, LLC			
		Firm/Company)		~
50 Celesti	ial Way #210			2005 DEC 28 PM 4: 36
		(Address)		C 28
Juno Bear	ch, FL 33408			8 <u>-</u>
Jano Boa		/State and Zip Code)		- <b>P</b> -02
				4: 3
For further information co	oncerning this matter, please	call;		<u>න</u> නි
Marshall A. Barr		at (561 ) 254-07	70	
(Name o	of Person)	(Area Code & Daytime T	elephone Number)	•
Enclosed is a check for	the following amount:			
S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee FL 32301	nis.	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
M A Barrett, LLC (Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
M A Barrett, LLC	M A Barrett, LLC	
50 Celestial Way #210 Juno Beach, FI 33408	50 Celestial Way #210 Juno Beach, FI 33408	
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the remaining Marshall A Barrett, III  Name  50 Celestial Way #210  Florida street address of the Portice of the Por	egistered agent are:	2005 DEC 28 PM 4: 36
Juno Beach,	ы 33408	<u>5</u>
City, State, a	FL 33408 nd Zip	
Having been named as registered agent and to a liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated list certificate, I hereby accept the appointment v. I further agree to comply with the provisions of an am familiar with stered agent as provided for in Chapter 608, F. Bounday	tas s of all and

(CONTINUED)
Page 1 of 2

DI-DI-DA

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member  MGR	Marshall A. Barrett, III 50 Celestial Way #210 Juno Beach, FL 33408	
**		
		SION OF CORP
(Use attachment if necessary)		36
ICLE V: Effective date, if other than a effective date is listed, the date mus 90 days after the date of filing.)	the date of filing: Jan 1, 2006 . (c) the specific and cannot be more than five but	OPTIONAL) siness days prior
REQUIRED SIGNATURE:		

Marshall A. Barrett, III

that the facts stated herein are true.)

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

### 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)