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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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SECRETAIN OF STATE PALLAHASSEE, FLORIDA

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| то: | | | | |
|--|--------------------|---|---|-------------------------|
| CUBII | ECT. | Barker Holdings, L | LC | |
| SUBJI | EC1: | | | |
| The en | alosed Articles a | of Organization and feets) are s | ubmitted for filing | |
| | | | | |
| | | • | or to mo rono wing, | |
| Division of Corporations SUBJECT: Barker Holdings, LLC (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Paul Sullivan (Name of Person) Frost Brown Todd LLC (Firm/Company) 250 West Main Street, Suite 2700 (Address) Lexington, KY 40507 (City/State and Zip Code) For further information concerning this matter, please call: Paul Sullivan (Name of Person) at (859 231-0000 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\text{S125.00 Filing Fee} \text{\$\text{S130.00 Filing Fee} & Certified Copy} \text{\$\text{S155.00 Filing Fee} & Certificate of Status & Certified Copy} \text{\$\text{Certified Copy} is enclosed} | | | | |
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| For fur | ther information | | | |
| | Paul Sulli | van | at (859) 231-000 | 0 |
| | (Name of Person) | | (Area Code & Daytime To | |
| Enclos | sed is a check for | or the following amount: | | |
| | | ☐ \$130.00 Filing Fee & | Certified Copy | Certificate of Status & |
| | | Registration Section Division of Corporations P.O. Box 6327 | Registration Section Division of Corporation Clifton Building | ns |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Con | mpany is: |
|--|--|
| Barker Holding | gs, LLC |
| (Must end with the words "Limited Liability Comp | oany, "Limited Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: The mailing address and street address | s of the principal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| Stonie Barker | Stonie Barker |
| 714 Bob White Lane | 714 Bob White Lane |
| Naples, FL 34108 | Naples, FL 34108 |
| | |

Stonie Barker

Name

714 Bob White Lane

Florida street address (P.O. Box NOT acceptable)

Naples, FL 34108 FL 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..

Registered Agent's Signature (REQUIRED) my 721

(CONTINUED)
Page 1 of 2

06 MAY -8 PM 12: 57

APPROVED

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Men | Name and Address: | |
|--|--|-------|
| MGR | Stonie Barker | |
| | 714 Bob White Lane | |
| | Naples, FL 34108 | |
| | | |
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| | | |
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| | | |
| (Use attachment if necessar | v) | |
| CLE V: Effective date, if othe effective date is listed, the da 00 days after the date of filing | er than the date of filing: (OPTION) te must be specific and cannot be more than five business da (.) | AL) |
| REQUIRED SIGNATURE | E: | |
| | Ferrie Carlea | |
| Signature o | of a member or an authorized representative of a member. | |
| (In accorda | nce with section 608.408(3), Florida Statutes, the execution iment constitutes an affirmation under the penalties of perjury | |
| of this docu | acts stated herein are true.) | |
| of this docu | acts stated herein are true.) Stonie Barker | o. |
| of this docu | acts stated herein are true.) | en Co |

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)