Division of Corporations Public Access System

### Electronic Filing Cover Sheet

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(((H060002403713)))



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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I2000000195

(850) 521-1000

Phone

Fax Number

: (850)558-1575

# ÉORIDA/FOREIGN LIMITED LIABILITY CO.

### BARNETT BUSINESS SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

## H06000240371 3

ARTICI ES OF ORGANIZATION FO	R FLORIDA LIMITED LIABILITY COM	PANVE
MICLES OF OROMINEAUXIVIVE		2 2
ARTICLE I - Name:	ŗ	10 Q
The name of the Limited Liability Compa	my is:	13 Cg 2
		14 (S)
Barnett Business Services, LLC		og F
(Must end with the words "Limited Liability Company,	, "Limited Company" or their abbreviation "LLC," or "L.C.,")	ANNOUNCE P 29 AM 8: 50
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Comp	
Principal Office Address:	Mailing Address:	
425 Huehl, #6B, Northbrook, IL 60062	425 Huehl, #6B, Northbrook, IL 60062	i
(The Limited Liability Company cannot serve as its own business entity with an active Piorida registration.)  The name and the Florida street address of Corporation Service Comp	- •	
	Name	
1001 177		
1201 Hays Street Florida str	reet address (P.O. Box NOT acceptable)	
Tallahasset	FT. 32301	
· · · · · · · · · · · · · · · · · · ·	State, and Zip	
O.I.y.	nine min	
liability company at the place designate registered agent and agree to act in this co statutes relating to the proper and compl	nd to accept service of process for the above stated led in this certificate, I hereby accept the appointment apacity. I further agree to comply with the provision lete performance of my duttes, and I am familiar with the great agent as provided for in Chapter 608, F	t as is of all h and
Corporation Service Con	Dina L. Davis as is agent	·

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

### H06000240371 3

Tifle: "MGR" = Manager	Name and Address:	. 03
"MGRM" = Managing Member		06 SEP (-)
MGRM	Daniel Barnett	_ `~
	425 Huehl, #6B, Northbrook, IL 60062	
		<del></del>
		<del></del>
		- ·
<del>-</del>		
(Use attachment if necessary)		
(Osc attachment it necessary)		
LEV: Effective date, if other than the	date of filing: (OPT	IONAL)
fective date is listed, the date must be	e specific and cannot be more than five busine	ss days pr

### REQUIRED SIGNATURE:

/s/ Michelle Jackson

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 perjury that the facts stated herein are true.)

By: Michelle Jackson, Authorized Representative

Typed or printed name of signee

#### 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)

Page 2 of 2