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FECTIVE DATE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kenneth Barin

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth Barineac
(Name of Person)

(Firm/Company)

Tallahassee Florida 32305-

(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth Barineau at (850) 2/6-27/2
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$125.00 Filing Fee \$130.00 Filing Fee &

\$130.00 Filing Fee & p \$155.00 Filing Fee & Certificate of Status Certified Copy

(additional copy is enclosed)

ρ \$160.00 Filing Fee, Certificate of Status & Certified Copy

(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		WITHIAM
Kenneth Bar (Must end with the words "Limited Liability Company, "Limited	IN CAU LLC d Company" or their abbreviation "LLC	," or "LC.,")
ARTICLE II - Address:		
The mailing address and street address of the prin	ncipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
Kenneth Barneau LLC. 4224 Ballard Rd. LotA Tallalassee, Fh. 3230 S ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register	Office, & Registered Agent's	32305 s Signature:
business entity with an active Florida registration.) The name and the Florida street address of the re	gistered agent are:	06 TALL
Florida street addr	ess (P.O. Box NOT acceptable)	FILED 6 NOV 14 AM II: 2 CRETARY OF STA LAHASSEE, FLOR
City State an	FL 32305	25 20,

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 (REOUIRED)

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member	
100 C 100	
MG-RM	Kenneth Barineac 4224 Ballare Rd. LAAA Tallahassee, FL 32305
	· ·
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must brior to or 90 days after the date of filing.)	e date of filing: 11/14/06 (OPTIONAL) t be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a member	er or an authorized representative of a member.

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)

(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.)