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DEFE CONFORATIONS
TALL AHASSES, FLORIDA

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SECRETARY OF STATE

COVER LETTER

FO: Registration Se Division of Co			
SUBJECT: <u>B</u> a	Contruct (Name of Limite	ton 3 Manas, ed Liability Company)	gment LLC
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Rober	+ Terrill Bar	Ocr Sr (Name of Person)	
		(Firm/Company)	
2701	Everott Lane	(Address)	· · · · · · · · · · · · · · · · · · ·
Tallahas	osee, Florida (City	3230 § //State and Zip Code)	
For further information	concerning this matter, please	call:	
Robert Ba	of Person)	at (<u>\$50</u>) <u>509</u> (Area Code & Daytime T	2689 Celephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & 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	Street/Courier Address Registration Section Division of Corporation Clifton Building	

Tallahassee, FL 32314

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:

Barber Construction & Management LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
2701 Everett Lane Talkhassee, Fr 32308	Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the respective for the respective form of the r	egistered agent are: ARY PROPERTY OF SECURITY OF SEC	FILED OF MAR 20 M 8:5

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)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Robert T. Barber Jr 2701 Everett Lana Tallahassee, T-1: 32308
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date mu to or 90 days after the date of filing.)	ne date of filing: (OPTION st be specific and cannot be more than five business.

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.)

Robert T. Barber 51

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)