

L070000 72699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

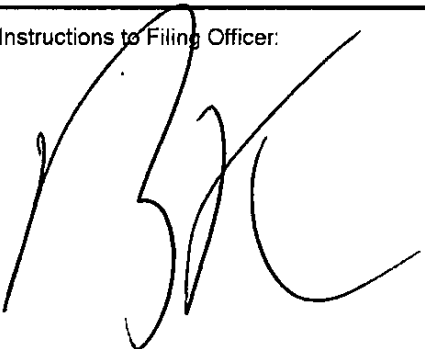
MAIL

(Business Entity Name)

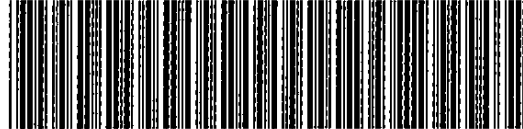
(Document Number)

Certified Copies _____ Certificates of Status _____

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07/13/07--01043--014 **155.00

RECEIVED

07 JUL 13 PM 12:30

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

07 JUL 13 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

FILED
07 JUL 13 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- BAARN I, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION
FOR
BAARN I, LLC,
A FLORIDA LIMITED LIABILITY COMPANY

FILED
07 JUL 13 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a Florida limited liability company under the provisions of Chapter 608 of the Florida Statutes, hereinafter referred to as the Limited Liability Company, hereby agrees to the following:

ARTICLE I - NAME

The name of the Limited Liability Company shall be BAARN I, LLC.

ARTICLE II - MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE
OF COMPANY

The mailing address of the Limited Liability Company is 29750 U.S. Highway 19 North, Suite 200, Clearwater, Florida 33761. The street address of the principal office of the Limited Liability Company is 29750 U.S. Highway 19 North, Suite 200, Clearwater, Florida 33761.

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT

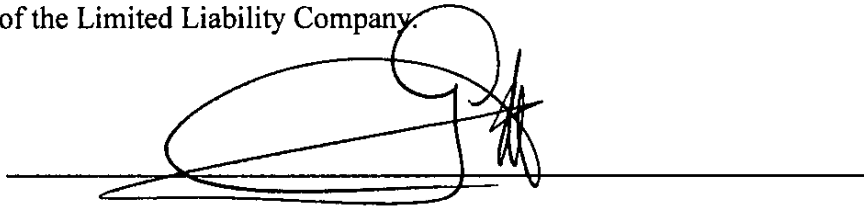
The Limited Liability Company is to be managed by a manager and the name and address of the individual who is to serve as manager is: Gerardus J.M. Van Hoof, 29750 U.S. Highway 19 North, Suite 200, Clearwater, Florida 33761.

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted as members upon the consent in writing of a simple majority of existing members.

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

In the event of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member who is the sole manager or the occurrence of any other event which terminates the continued membership of a member who is the sole manager of the Limited Liability Company, a simple majority of the remaining members of the Limited Liability Company may agree to continue the business of the Limited Liability Company.

A handwritten signature in black ink, appearing to be 'Gerardus J.M. Van Hoof', is written over a horizontal line.

Signature of a member or an authorized representative of a member.

Gerardus J.M. Van Hoof, Sole Member

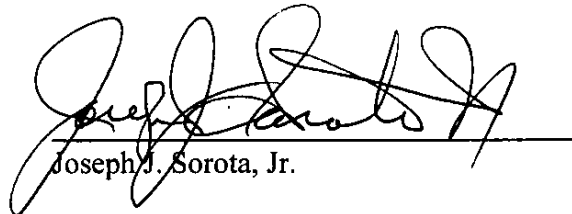
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF AND ACCEPTANCE BY
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA AND EVIDENCING THE REGISTERED AGENT'S ACCEPTANCE OF THAT POSITION.

1. The name of the Limited Liability Company is: Baarn I, LLC
2. The name and address of the registered agent and office is: Joseph J. Sorota, Jr.
29750 U.S. Highway 19 North, Suite 200
Clearwater, Florida 33761

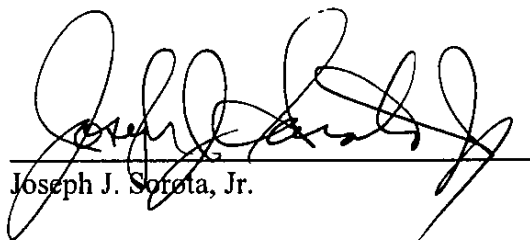
Dated this 22nd day of June, 2007.



Joseph J. Sorota, Jr.

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.

Dated this 22nd day of June, 2007.



Joseph J. Sorota, Jr.