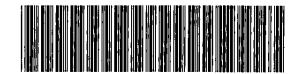
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SECRETARY OF STATE DIVISION OF CORPORATIONS

WO8-1747 2008

J. BRYAN

JAN 2 2 2008

EXAMINER

From: James A. Messana 5587 DALLAS Mcclellan Rd. Zolfo Springs, Fl 33890

Cellphone 863 990 0115

RE: BAR J FARMS LLC

SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

mailed 1-9-2008

To: Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee F1

32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2008

JAMES A. MESSANA 5587 DALLAS MCCLELLAN RD. ZOLFO SPRINGS, FL 33890

SUBJECT: BAR J FARMS LLC Ref. Number: W08000001747

We have received your document for BAR J FARMS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We don't file the operating arrangement,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 808A00002427

Joey Bryan Regulatory Specialist II BUVISION OF CORPORATIONS
ON JAN 22 PM 3-37

COVER LETTER

TO: Registration Section Division of Corporat	ions			
SUBJECT: BAR	J FARM	slle		
		Liability Company)		•
The enclosed Articles of Organ	nization and fee(s) are sul	bmitted for filing.		
Please return all correspondence	e concerning this matter	to the following:		O BY
MAT	es A.	MESSAWA ame of Person)	;	SIGNET
	(N	ame of Person)		N GAR
	JAM F	ARMS Cox	ρ	PA
	(F	irm/Company)		S SE
5287	DALLAS	Mellella (Address)	w RD.	
		(Address)		
Zolf	· Spriv	State and Zip Code)	3389	0
	(City/S	State and Zip Code)		
For further information concern	ning this matter, please ca	all:		
JAMES Me (Name of Person	SSANH a	at (<u>863</u>) <u>996</u> (Area Code & Daytime Tel	ephone Number)	
Enclosed is a check for the fo	ollowing amount:			. 1
□\$125.00 Filing Fee □\$13	_	\$155.00 Filing Fee & V	「 ドと し(の \$160.00 Filing F	טגלץ סס
	rtificate of Status	Certified Copy	Certificate of Sta	
		(additional copy is enclosed)	Certified Copy (additional copy is e	nclosed)
	ling Address	Street/Courier Address		
Divi	stration Section sion of Corporations	Registration Section Division of Corporation	S	
P.O.	Box 6327	Clifton Building		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	: 2 %s
BAR J FARMS (Must end with the words "Limited Liabi	
ARTICLE II - Address: The mailing address and street address of the particle.	orincipal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
20160 SPKINGS FL 20160 SPKINGS FL	SAME_
ARTICLE III - Registered Agent, Registered	d Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

Name

STRY OALLAS McCLellan KO

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

Zolfo Sprigfl 33890

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..

egistered Agent's Signature (REQUIRED)

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

(CONTINUED)
Page 1 of 2

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	JAMES A. MESSAN STRY DAMME MCCIELLAG ZULFO Spaings FL 338
	STRY DAWAE McClellan
	Zulto Spaings AL 338
<u></u>	
	
•	
•	the date of filing: (OPTIO)
LE V: Effective date, if other than fective date is listed, the date must	the date of filing: (OPTIO
(Use attachment if necessary) LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIO
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ARTICLE IV- Manager(s) or Managing Member(s):