L090000 8/844

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	, ,
	(Document Number)
Certified Copies	Certificates of Status
Chariel Instructions	

Special Instructions to Filing Officer:

A. LUNT

AUG 25 2009

EXAMINER

Office Use Only



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SECRETARY OF STATE TALLAHASSEE. FLORIDA

FILED

COVER LETTER

Division of Corporations	
SUBJECT: GOLDEN BARREL INVESTMENTS, Name of Limited Liability Company	uc
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TERRY MENEMAR	75 20
Name of Person	ECS 19A
	SECRETARY
Firm/Company	2+ P
POBOX 356	PH 2:
Address	<i>≥</i> = -
GULF BREEZE, FL 32562 City/State and Zip Code time4beach@aol.com	DE 6
City/State and Zip Code	·· •·
+ me4beach@aol.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ror further information concerning this matter, please can:	
TERRY MCNEMAR at (850) 221-1183	
Name of Person Area Code & Daytime Telephone N	umber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certi (additional copy is enclosed) Certi	00 Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

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

GULF BREEZE FL 32563
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	TERRY L. MCNEMAR 976 SOUND HARBOR CIRCUE GULF BREEZE, FL 32563
MGRM	C. PAUL MCNEMAR PSE B 9710 SOUND HARBOR CIRCLE B GULF BREEZE, FL 32503 FF 22
	PH 2: 19 EFF STATE EFFLORIDA
	e date of filing: <u>AUGUST 19, 2009</u> . (OPTIONAL)
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	e date of filing: <u>AUGUST 19, 2009</u> . (OPTIONAL) be specific and cannot be more than five business days p
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)