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SECRETARY OF STATI

OCT - 2 2009 **EXAMINER**

COVER LETTER

TO:	Registration S Division of Co					
SUBJE	CT:	More	Оре	n Barr	els, LLC	
		Name of Limi	ted Liak	oility Con	npany	
The end	closed Articles o	f Organization and fee(s) are	submit	ted for fil	ing.	
Please r	eturn all corresp	ondence concerning this ma	tter to th	ne followi	ng:	
_				A. Pantle	e	
			Name	of Person		
_		More		Barrels	s, LLC	
			Firm/C	Company		
_		92	213 Pc	ost Roa	d	
			Ad	dress		
		Odes	sa, F	lorida 3	3556	
_		Ci	ty/State	and Zip Co	ode	
_		stpantl E-mail address: (to be used	e@tai	npabay	/.rr.com	201
For furt	her information	concerning this matter, pleas		e annuar re	port notificati	ni)
		A. Pantle	_ at (727)	512-2793 Telephone Number
	Name	of Person		Area Co	de & Daytime	Telephone Number
Enclose	ed is a check fo	or the following amount:				
] \$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	ertified C	ing Fee & copy opy is enclosed	\$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		Registra Divisio Clifton 2661 E	Courier Add ation Section n of Corpora Building xecutive Cen ssee, FL 323	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	/ is:				
More Open E	Barrels, LLC				
(Must end with the words "Limited L	iability Company," "L.L.C.," or "LLC.")				
ARTICLE II - Address:					
The mailing address and street address of the	e principal office of the Limited	l Liability Company is:			
Principal Office Address:	Mailing Address:				
9213 Post Road	9213 Post Road				
Odessa, Florida, 33556	Odessa, Florida, 33556				
		TILEU 2009 OCT -1 PM 14 08 SECRETARY OF STATE TALLAHASSEE. FLORIDI			
9213 F	9213 Post Road				
Florida street address (I	Florida street address (P.O. Box NOT acceptable)				
Odessa, 33556	DE CO				
City, Stat	te, and Zip				
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby acceptacity. I further agree to comply very performance of my duties, and i	ot the appointment as with the provisions of all I am familiar with and			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

FILED

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

2009 OCT -1 PM 1/2 OF

Title:	Name and Address:	TALLAHASSET OF
"MGR" = Manager		SECRETARY OF TALLAHASSEE.
"MGRM" = Managing Member		
MGR	Scott A. Pantle	
	9213 Post Road Odessa, F	lorida 33556
MGRM	Susanne M. Troyer-Pantle	
	9213 Post Road Odessa, F	
		
(Use attachment if necessary)		
F.V. Effective date if other than the	ne date of filing: 9-24-2009	(ODTIONAL)

REQUIRED SIGNATURE:

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.)

Scott A. Pantle

Typed or printed name of signee

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)