

**LO9000108244**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000237864 3)))



H090002378643ABC5

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

**L. SELLERS**

From:

Account Name : CSH SERVICES, LLC  
Account Number : 120070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

NOV 10 2009

**EXAMINER**

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Barley B, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

09 NOV -9 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV -9 AM 8:43

FILED

H090002378643

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

BARLEY B, LLC

**ARTICLE II ADDRESS**

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

828 PONCE DE LEON DRIVE  
FORT LAUDERDALE, FLORIDA 33316

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

CELESTE KOSTER  
828 PONCE DE LEON DRIVE  
FORT LAUDERDALE, FLORIDA 33316

Having been named as registered agent 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.

x Celeste Koster

CELESTE KOSTER / Registered Agent's signature

FILED  
09 NOV -9 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

H090002378643

PAGE 2

BARLEY B, LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

CELESTE G. KOSTER, REVOCABLE LIVING TRUST AGREEMENT

828 PONCE DE LEON DRIVE

FORT LAUDERDALE, FLORIDA 33316

x. Celeste Koster

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.

CELESTE KOSTER

FILED  
09 NOV -9 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA