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D. BRUCE

DEC 2 1 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of C	Corporations	
SUBJECT:	Barclay ar	nd Barclay Services, LLC
	Name of Lim	ited Liability Company
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.
Please return all corre	spondence concerning this ma	atter to the following:
		Paul Barclay
		Name of Person
	Barclay an	nd Barclay Services, LLC
		Firm/Company
	757 SE 1	17th Street Suite 1174
		Address
	Ft. La	uderdale, FL 33316
		ity/State and Zip Code
	paulsail Ø	の® hotmail.com
For further information	n concerning this matter, pleas	se call:
	ul Barclay	se call: at (954) 326-4624 F S Area Code & Daytime Telephone Number OF A B S Area Code & Daytime Telephone Numb
Name	e of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	A • • • • • • • • • • • • • • • • • • •
[]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy 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	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Lin	ne: mited Liability Company is:	
(Mu	Barclay and Bar st end with the words "Limited Liabili	clay, LLC ty Company," "LLC," or "LLC,")
·		,
ARTICLE II - Ad The mailing addres		incipal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
757 SE 17th Stre	et #1174	
Ft. Lauderdale, F	_ 33316	
(The Limited Liability Co business entity with an a		Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another egistered agent are:
	Paul Bar	rclay
	Name	ASA C
	757 SE 17th St	reet #1174
	Florida street address (P.O.	Box NOT acceptable)
	Fort Lauderdale 33316	FL SAT TO
	City, State, an	d Zip
liability compar registered agent ar statutes relating t	ny at the place designated in th nd agree to act in this capacity o the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a limited further agree to comply with the provisions of all after a formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

"MGR" = Ma		Name and Address:
	anager Managing Member	
MGR		Paul Barclay
		757 SE 17th Street #1174
		Ft. Lauderdale, Ft. 33316
MGRM		Andrea Barclay
		757 SE 17th Street #1174
		Ft. Lauderdale, FL 33316
		
(Use attachme	ent if necessary)	
•	ent if necessary)	
CLE V: Effect	ive date, if other than the	e date of filing: (OPTIONAL
CLE V: Effect	ive date, if other than the s listed, the date must b	e date of filing: (OPTIONAL oe specific and cannot be more than five business days
CLE V: Effect effective date is 0 days after th	ive date, if other than the s listed, the date must be date of filing.)	e date of filing: (OPTIONAL oe specific and cannot be more than five business days
CLE V: Effect effective date is 0 days after th	ive date, if other than the s listed, the date must b	pe specific and cannot be more than five business days
CLE V: Effect effective date is 0 days after th	ive date, if other than the s listed, the date must be date of filing.)	pe specific and cannot be more than five business days
CLE V: Effect effective date is 0 days after th	ive date, if other than the s listed, the date must be date of filing.) SIGNATURE:	be specific and cannot be more than five business days
CLE V: Effect effective date is 0 days after th	ive date, if other than the s listed, the date must be date of filing.) SIGNATURE: Signature of a member	er or an authorized representative of a member.
CLE V: Effect effective date is 0 days after th	ive date, if other than the s listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document cons	er or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
CLE V: Effect effective date is 0 days after th	ive date, if other than the s listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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)