

L10000051579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W10000013586

Office Use Only

B. KOHR

MAY 13 2010

EXAMINER



900172009749

03/17/10--01022--026 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY -6 AM 10:29

EFFECTIVE DATE

5/1/2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2010

ROBERT HUBBARD  
1401 E. GADSDEN STREET  
PENSACOLA, FL 32501

SUBJECT: HUBBARD BUILDERS, LLC  
Ref. Number: W10000013586

EFFECTIVE DATE 5/1/2010

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY -6 AM 10:29

We have received your document for HUBBARD BUILDERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please note that we have RETAINED your \$125.00 payment.

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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 510A00006709

## COVER LETTER

TO: Registration Section  
Division of Corporations

EFFECTIVE DATE 5/1/2011

SUBJECT: Bar Productions, LLC

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:

ROBERT HUBBARD

Name of Person

Firm/Company

1401 E. GADSDEN ST.

Address

PENSACOLA, FL 32501

City/State and Zip Code

WIZARDRLH@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT HUBBARD

Name of Person

at ( 850 ) 261-9696

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

BAR PRODUCTIONS, LLC.

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

### ARTICLE II - Address:

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

#### Principal Office Address:

1401 E. GADSDEN ST.  
PENSACOLA, FL 32501

#### Mailing Address:

1401 E. GADSDEN ST.  
PENSACOLA, FL 32501

EFFECTIVE DATE 5/1/2010

### 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:

ROBERT HUBBARD

Name

1401 E. GADSDEN ST.

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

PENSACOLA

FL 32501

City, State, and Zip

10 MAY - 6 AM '10  
DIVISION OF CORPORATIONS  
FLORIDA

*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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

ROBERT HUBBARD

1401 E. GADSDEN ST.

PENSACOLA, FL 32501

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MAY 1, 2010. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

ROBERT HUBBARD

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)**