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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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S. HAWKES

JUL 1 2 2010

EXAMINER

# **COVER LETTER**

Name of Limited Liability Company

TO:	•	gistration Section ision of Corporations
SUBJE	CT:	Kristen Barrett & Associates, LLC Name of Limited

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristen Barrett	
Name of Person	
Kristen Barrett & Associates, LLC	
Firm/Company	
11731 NW 47th Drive	
Address	
Coral Springs, FL 33076	
City/State and Zip Code	
KLynnBarrett@gmail.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Kristen Barrett at ( 954 ) 616-7398

Name of Person 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
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	$\mathbf{F}$	I - 1	Nя	me:

The name of the Limited Liability Company is:

## Kristen Barrett & Associates, LLC

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

### **ARTICLE II - Address:**

**Principal Office Address:** 

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

Mailing Address:

Kristen Barrett & Associates, LLC	Kristen Barrett & Associates, LLC
11731 NW 47th Drive	11731 NW 47th Drive
Coral Springs, FL 33076	Coral Springs, FL 33076

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:

Kristen Barre	tt
	Name
11731 NW 4	7th Drive
]	Florida street address (P.O. Box NOT acceptable)
Coral Springs	FL 33076
	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

<u> Fitle:</u>		Name and Address:	
'MGR" = Manager			
'MGRM" = Managing	Member		after so
MCD		143 ·	
MGR		Kristen Barrett	
		11731 NW 47th Drive Coral Springs, FL 33076	
		Coral Springs, FL 30070	<del></del>
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