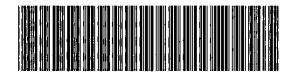
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B. BOSTICK
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EXAMINER

COVER LETTER

TO:

Registration Section

| Division of Corporations |
|---|
| SUBJECT: Barres 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: |
| Barbara Bachman Barass |
| Barbara Barnes LLC |
| 140 Crosstile Circle |
| Ponte Vedra Beach, FL 32082 City/State and Zip Code |
| Capriboxer C Comcast. net E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Barbara Barns at 404 319-8142 Name of Person Area Code & Daytime Telephone Number |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & |
| (additional copy is enclosed) Certified Copy is enclosed) (additional copy is enclosed) |
| Mailing Address Street/Courier Address |
| Registration Section Registration Section 75 3 |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
| Tallahassee, FL 32314 Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Barbara B. Barnes 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: | Mailing Address: |
|---------------------------|-----------------------|
| 140 Crosstide Circle | 140 Crosstide Circle |
| Ponte Vedra Beach, FL | Ponte Vedra Beach, FC |
| 32082 | 32082 |

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:

Barbara B Barrus

Name

140 Cross fide Circle

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

Ponte Vedra FL Beach, FC

City, State, and Zip

Ponte Vedra FL Beach, FC

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

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

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

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|--|--|
| "MGRM" = Managing Member MGR M | Barbara B Barnes 140 Crosstide Circle Ponte Vedra Beach, FL 32 |
| | |
| | |
| (Use attachment if necessary) | |
| | the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior |
| _ | nber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document. |
| constitutes an affirmation ur I am aware that any false int constitutes a third degree fel | formation submitted in a document to the Department of tale when the penalties of perjury that the facts stated herein the facts stated herein to the Department of tale when the penalties of perjury that the facts stated herein the facts stated h |

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)