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Effective Date 4-1-11

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J. SAULSBERRY EXAMINER

MAR 28 2011

COVER LETTER

TO: Registration Se Division of Co		X		
SUPPLIES FOR	ut on Rapico	=e Lic.		
SUBJECT: FRA	Name of Limited	d Liability Company)		
The enclosed Articles of	f Organization and fee(s) are su	ibmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
FRANK	M. BARKER			
	M. BARKER	Name of Person)		_
FRANK	M. BARKER	L.L.C.	- FA) •
	(Firm/Company)		;- <u>-</u>
8333	SEMINOLE BLV	p. #338	CRETARI L'AHASSI	٠ د
		(Address)	1 19 1 2	
SEMINO	LE FLORIDA	33772	FLOR	
·	(City/	State and Zip Code)	ID'A	ຸລັ
For further information of	concerning this matter, please of	call:		
FRANK M	BARKER	at (727) 392-	3890	
(Name	of Person)	(Area Code & Daytime Tel	ephone Number)	
Enclosed is a check for	or 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 Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	I	C	L	E	I	-	N	an	ne	:
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The name of the Limited Liability Company is:

FRANK M. BARKER L.L.C.
end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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:

8333 SEMINOLE BLVD #338

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

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	FRANK M. BARKER 8333 SEMINOLE BLVD #338 SEMINOLE FL. 33772
	20 II MAF
· · · · · · · · · · · · · · · · · · ·	MAR 24 PMIS AHASSEE FLO
(Use attachment if necessary)	F STATE FLORIDA
	e date of filing: Apric 1, 2011. (OPTIONAL) t be specific and cannot be more than five business days
REQUIRED SIGNATURE;	
Signature of a member	er 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

K M. ISARKER Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)