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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
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FLORIDA LIMITED LIABILITY CO.

Barney Ballard LLC

Certificate of Status	0
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C. LEWIS

JUN 28 2011

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**
In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

BARNEY BALLARD LLC

ARTICLE II ADDRESS

The principal office of the Limited Liability Company is:

10161 W MISTY ROSE STREET
HOMOSASSA, FLORIDA 34448

The mailing address of the Limited Liability Company is:

PO BOX 465
HOMOSASSA, FLORIDA 34487

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

TIFFANY BALLARD
10161 W MISTY ROSE STREET
HOMOSASSA, FLORIDA 34448

Having been named as registered agent 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.

X 
TIFFANY BALLARD / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

BARNEY BALLARD JR.

PO BOX 465

HOMOSASSA, FLORIDA 34487

MANAGING MEMBER

TIFFANY BALLARD

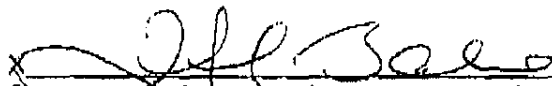
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Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Tiffany Ballard
PRINTED NAME OF SIGNEE

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