

L11000075353

(Requestor's Name)

Woife, LPA
4430 Carver Woods-D
Cincinnati, OH 45242
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

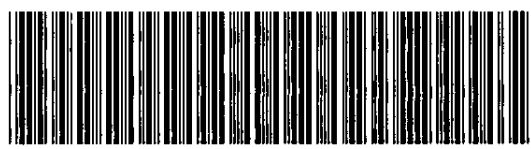
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G. MCLEOD

JUN 29 2011

EXAMINER



100209362321

06/28/11--01018--013 **125.00

FILED
JUN 28 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Baron 1 Enterprises, 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:

3510 N.E. 19th Ave.

Oakland Park, FL 33308

Mailing Address:

3510 N.E. 19th Ave.

Oakland Park, FL 33308

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 Bryan Nelson

Name

3510 N.E. 19th Ave.

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

Oakland Park

FL

33308

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)

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TALLAHASSEE, FLORIDA

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 Bryan Nelson

3510 N.E. 19th Ave.

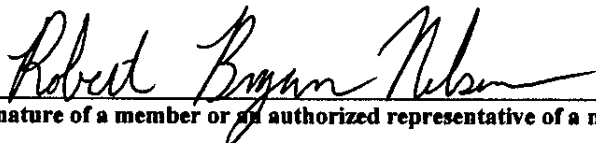
Oakland Park, FL 33308

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robert Bryan Nelson
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)

JANE KENDALL SPENCER
I/T/F BRYAN NELSON
2515 MERCEDES DRIVE
FT. LAUDERDALE, FL 33316-2325

63-476 522
670

286

Date June 15 2011

Pay to the order of

Fl. Dept. of State

\$ 125.00

One hundred twenty five dollars 00/100

Citibank

CITIBANK, N.A. BR. #522
500 EAST BROWARD BOULEVARD
FT. LAUDERDALE, FL 33394

Memo

Kendall Spencer

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