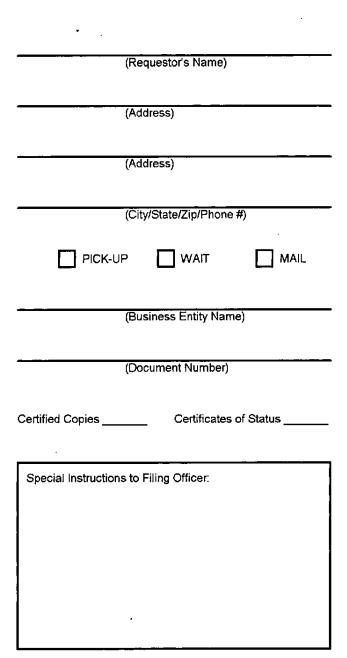
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EFFECTIVE DATE 01-01-12

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SEC. FLORID.

B. BOSTICK NOV **2 9** 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corp.		,				
SUBJECT: HighBa	ar - Developme	ent, LLC				
John Ci.		ed Liability Company				
The enclosed Articles of O	rganization and fee(s) are	submitted for filing.				
Please return all correspond	dence concerning this matt	er to the following:				
Drant C D) a a l	•				
Brent E. B	OCK	Name of Person		_		
HighBar L	evelopment,					
		Firm/Company				
13404 Be	dford Mews (Ct.		S		
		Address			8	-5-3
Wellington, F	33414				11 NOV 28	estran estran
vvonington, i		y/State and Zip Code				0
brent221@cc	mcast.net			Little	44:1 83	
	E-mail address: (to be used f	or future annual report notification)		FORID	•	العبية
For further information cor	ncerning this matter, please	call:		AGIS SIDA	ţ	
Amy Bock		at (561) 247-4337	7			
Name of I	erson	Area Code & Daytime Telep	phone Number			
Enclosed is a check for t	_		7			
\$125.00 Filing Fee\$	G130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status &	ኒ		
		(additional copy is enclosed)	Certified Copy (additional copy is enclose	xd)		
	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 C Tallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	ΤI	CL	Æ	Ŀ	- I	Nam	e:
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The name of the Limited Liability Company is:

HighBar Development, 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:
2225 B Road Loxahatchee, FL 33470	13404 Bedford Mews Ct. Wellington, FL 33414
ARTICLE III - Registered Agent, Registered	tered Office, & Registered Agent's Signature: Agent's Signature: Agent. You must designate an individual or another the registered agent are:
Amy Bock	- Comment of the Comm
7	Name ORIDA
2225 B Road	P T
Florida stre	et address (P.O. Box NOT acceptable)
Loxahatchee	_{FL} 33470
Ci	ty, 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:

Mews Ct. 33414

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LLARCE OV T
المحسور المرازي المراز
5.
LORUDA LORUDA LORUDA

ARTICLE V: Effective date, if other than the date of filing:

[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.)

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)