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EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: BarJo Enterpr	gs, LLC
SODAL	Name of Limited Lia	
The en	closed Articles of Organization and fee(s) are submit	ted for filing.
Please	eturn all correspondence concerning this matter to t	ne following:
	Barbara A. E	Bryant E E
	Name	of Person
	N/A	or yan t of Person Company Company Company
		Company
	270 Belv	edere Court
	A	idress
	Punta Go	rda FL 33950 and Zip Code
	barjo@ comcas	and Zip Code
	E-mail address: (to be used for futu	re annual report notification)
For fur	her information concerning this matter, please call:	
	Par bara A B Man + at (954, 505-8464
/	Name of Person'	Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:	
\$125.00	Certificate of Status C	1.55.00 Filing Fee & Signature \$\ \text{Sertified Copy} \\ \text{dditional copy is enclosed} \] \$\ \text{Sertified Copy} \\ \text{(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 Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	mpany is:		3
BarJo	Enterprises, L	-LC	E STATE OF THE STA
(Must end with the words "L	imited Liability Company,	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	s of the principal of	fice of the Limited Li	ability Company is:
Principal Office Address:	<u>Mailing</u>	Address:	
270 Belvedere Court, Punta Go	rdaFL33950	same	
			
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration The name and the Florida street address	ts own Registered Agent. \	You must designate an indivi	
Barbara	A. Bryant Name		
	elvedere Confidation (P.O. B		
	Gorda FL 3 City, State, and Zip		
Having been named as registered age liability company at the place desig registered agent and agree to act in th	gnated in this certific	ate, I hereby accept th	e appointment as

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..

(CONTINUED)

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

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

MGR	Barbara A. Bryant 270 Belvedere Court Punta Gorda, FL 33950
MGR	John A. Bryant 270 Belvedere Court Punta Gorda, FL 33950
(Use attachment if necessary)	
	the date of filing: (OPTIONAl st be specific and cannot be more than five business day

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.)

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)