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J. SAULSBERRY EXAMINER

APR 18 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Barefoot Tea, LLC Name of Limited Liability Company
Name of Elimica Elability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christine Kaposztas Name of Person
Name of Person
Barefoot Tea, LLC Firm/Company
2211 Bay Club Circle
Address
Chapa Fr 33607 For The City/State and Zip Code Chapare foot tea. Com
City/State and Zip Code
ch (a) paretoot tea. com = "
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christine Kaposetas at 813 786-2416 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is):	
Barefoot Te	ea, LLC	
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	principal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
2211 Bay Club Circle Tampa, FL 33607	2211 Bay Club	<u> Circle</u>
Tampa, PL 33607	Tampa, F1. 3360	07
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.)		l or another
The name and the Florida street address of the	registered agent are:	A
Christine	Chub Circle	2012 APR 17 SECRETARY ALLAHASSE
Name		मिने <u>क</u> ्ष
2211 Baz	Club Circle	AM 8: 2
	ddress (P.O. Box <u>NOT</u> acceptable)	
_ Tampa	FL 3360)	-
City, S	tate, 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:

"MGR" = Manager "MGRM" = Managing Member	
MGRM	Christine Kaposztas 2211 PayClub Circle Tampa, FL 33607
	SE CAE IAR ALL MASS
	7 AM 8:
(Use attachment if necessary)	Dim N
	e date of filing: (OPTIONAL oe specific and cannot be more than five business days

REQUIRED SIGNATURE:

Signature of a member of an authorized representative of a member.

(In accordance with section 608.408(3), Elevida 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.)

CHRISTINE KAPOS ZTA5

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)