

**L120001428163**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000142816 3)))



H120001428163ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: [pj@pjfcpa.com](mailto:pj@pjfcpa.com)

RECEIVED  
12 MAY 31 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**  
**Barinas Clermont, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**D. BRUCE**

JUN 01 2012

**EXAMINER**

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

FAX AUDIT # **H120001428163**

**ARTICLES OF ORGANIZATION  
OF  
Barinas Clermont, LLC**

**ARTICLE I            NAME**

The name of the limited liability company shall be: Barinas Clermont, LLC

**ARTICLE II            PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be:  
1450 North Rock Springs Road, Apopka, Florida 32712.

**ARTICLE III            INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

**ARTICLE IV            DURATION**

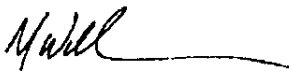
The duration for the limited liability company shall be: Perpetual.

**ARTICLE V            MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the managing member and the names and addresses of the members of the Limited Liability Company are:

Froilan Barinas, 1450 North Rock Springs Road, Apopka, Florida 32712  
Norma Barinas, 1450 North Rock Springs Road, Apopka, Florida 32712

**FILED**  
**12 MAY 31 AM 8:32**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



Date: May 31, 2012

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

FAX AUDIT # **H120001428163**

**FAX AUDIT # H12000142816 3**

**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Barinas Clermont, LLC

The name and address of the registered agent and office is Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: \_\_\_\_\_

Mark Williams, A.V.P. *Business Filings Incorporated*

Date: May 31, 2012

**FILED**  
12 MAY 31 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FAX AUDIT # H12000142816 3**