L12000089073

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MA	ılL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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,		

Office Use Only

EFFECTIVE DATE 0/02/12



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07/06/12--01033--006 **130.00



D. BRUCE

JUL 0 9 2012

EXAMINER

COVER LETTER

Registration Section

TO:

Division of	f Corporations						
SUBJECT: B	arnyard Auto, LLC						
50b0Ec1		ed Liability Comp	nany	<u></u>		-	
The enclosed Article	es of Organization and fee(s) are	submitted for filin	ıg.				
Please return all cor	respondence concerning this matt	ter to the following	g:				
Justin I	Barron						
		Name of Person					
Barnya	rd Auto, LLC						
		Firm/Company					
5960 S	W CR 344				: 7		
-		Address			- E	18	
Tronton	Elorido 32603				圣哥		
Henton,	Florida 32693	y/State and Zip Cod	le		SA 70	9	
barnyard	autollc@gmail.com	,, .				22	A
	E-mail address: (to be used t	or future annual rep	ort notification)		O to	Ÿ	C
For further informat	ion concerning this matter, please	e call:			A CO	5	
Justin Barron		_at (352	, 215-0099)			
Na	me of Person		le & Daytime Tel	lephone Num	ber	-	
Enclosed is a chec	k for the following amount:						
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	рру	\$160.00 Certifica Certifica (additional	ate of St d Copy	atus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	Courier Address tion Section of Corporation Building ecutive Center usee, FL 32301	ns			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Barnyard Auto, LLC	
(Must end with the words "Limited Liability	ly Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5960 SW CR 344 Trenton, Florida 32693	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Justin Barron	
Name	\$6 d
5960 SW CR 344	
Florida street addi	ress (P.O. Box NOT acceptable)
Trenton	FL 32693
City, Star	te, and Zip
Having been named as registered agent and to a	ccept service of process for the above stated limited

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)

EFFECTIVE DATE 07/02/12

ARTICLE I - Name:

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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	·
MGR	Justin Barron
	5960 SW CR 344
	Trenton, Florida 32693
MGRM	Nicole Barron
IVIOITI	5960 SW CR 344
	Trenton, Florida 32693
	Tremon, Florida 02000
MGRM	Cassandra Barron
	5960 SW CR 344
	Trenton, Florida 32693
MGRM	Zachary Barron
	5960 SW CR 344
	Trenton, Florida 32693
•	n the date of filing: July 02, 2012 (OPTIONAL) ust be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
Muco	le band !
Signature of a m	tember or an authorized representative of a mention
constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of the document and under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
Nicole Bai	ron
	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)