

**L12000155882**

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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12 DEC 12 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BARKER LAW OFFICE, PLLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**VIVIONNE N. BARKER**

Name of Person

**BARKER LAW OFFICE**

Firm/Company

**PO BO X120518**

Address

**CLERMONT, FL 34712**

City/State and Zip Code

**V.BARKERLAWOFFICE@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**VIVIONNE N. BARKER**

Name of Person

at ( **352** ) **348-4558**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2012

VIVIONNE N. BARKER  
P.O. BOX 120518  
CLERMONT, FL 34712

SUBJECT: BARKER LAW OFFICE, PLLC  
Ref. Number: W12000052382

We have received your document for BARKER LAW OFFICE, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 912A00025218

FILED  
12 DEC 12 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - NAME:

The name of the Limited Liability Company is:  
BARKER LAW OFFICE, PLLC

## Article II - ADDRESS:

The Mailing Address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 610 N. Wymore Road  
Suite 100  
Maitland, FL 32751

## ARTICLE III- PURPOSE:

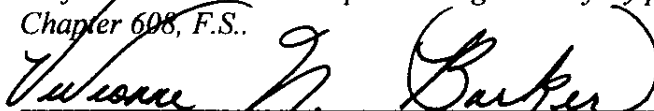
The purpose of the Barker Law Office is the provide affordable and quality legal services to the Central Florida area.

## ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the Registered agent are:

Vivienne N. Barker  
610 N. Wymore Road, Suite 100  
Maitland, FL 32751

*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)

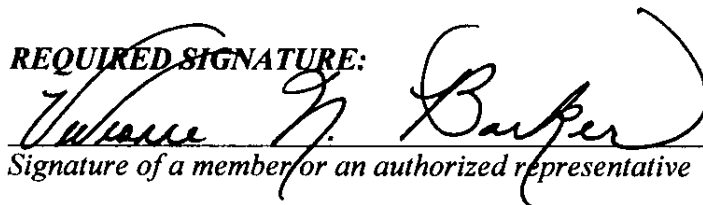
**ARTICLE V- MANAGER(S) OR MANAGING MEMBERS IS AS FOLLOWS:**

<i>Title</i>	<i>Name and Address</i>
<i>Manager</i>	<i>Vivionne N. Barker</i> <i>P.O. Box 120518</i> <i>Clermont, Fl. 34712</i>

**ARTICLE VI-EFFECTIVE DATE**

*Effective date is 12/11/2012*

**REQUIRED SIGNATURE:**

  
*Signature of a member or an authorized representative*

(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.)

VIVIONNE N. BARKER

PRINTED NAME OF SIGNEE