

✓
L13000015724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/11/13--01009--025 **130.00

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13 JAN 11 PM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSICK
JAN 30 2013
EXAMINER

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Luke Barringer Construction, LLC**
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:

Karey Cobb

Name of Person

Luke Barringer Construction, LLC

Firm/Company

550 Wayne Ave

Address

New Smyrna Beach, FL 32168

City/State and Zip Code

barringerconstru@bellsouth.ent

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

For further information concerning this matter, please call:

Karey Cobb

Name of Person

386 427.1610

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Luke Barringer Construction, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

550 Wayne Ave

New Smyrna Beach, FL 32169

Mailing Address:

550 Wayne Ave

New Smyrna Beach, FL 32169

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Luke Barringer

Name

550 Wayne Ave

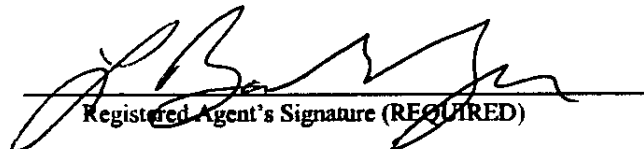
Florida street address (P.O. Box **NOT** acceptable)

New Smyrna Beach, FL 32168

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

N/A

N/A

N/A

N/A

(Use attachment if necessary)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE V: Effective date, if other than the date of filing: January 11 2013 ²⁸ January 2, 2013 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Luke Barringer

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2013

KAREY COBB
550 WAYNE AVENUE
NEW SMYRNA BEACH, FL 32168

SUBJECT: LUKE BARRINGER CONSTRUCTION, LLC
Ref. Number: W13000002629

We have received your document for LUKE BARRINGER CONSTRUCTION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 11, 2013. Please amend your document accordingly.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 413A00000982