## L13000024562

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ĉir	ty/State/Zip/Phone	e #)
PICK-UP	. WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATE

## COVER LETTER ...

TO:	Registration S Division of Co			
SUBJE	CT:	Barkley's, Name of Limit	LL C.  led Liability Company	
The enc	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please r	cturn all corresp	ondence concerning this mat	ter to the following:	
-		Chad A.	Potter Name of Person	
_			Firm/Company	
_	48	O Hibiscus	Street, PH3	7
_	Wes	it falm	Beach, FL 3 ty/State and Zip Code	33401
_		Chadapotte	for future annual report notification)	
For furtl		concerning this matter, please		
	had A. Name	Potter of Person	at ( 703 ) (015 -	2320 none Number
Enclose	ed is a check fo	or the following amount:		
	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 Cir Tallahassee, FL 32301	rcle



February 1, 2013

CHAD A. POTTER 480 HIBISCUS STREET, PH37 WEST PALM BEACH, FL 33401

SUBJECT: BARKLEY'S, LLC. Ref. Number: W13000006295

We have received your document for BARKLEY'S, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 713A00002560

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of	of the Limited Liability	y Company is:			
	Barkley's	Group	, LLC.		
			Company, "L.L.C.," or "	LLC.")	
	III - Address: g address and street ad	dress of the princ	cipal office of the I	Limited Liability Comp	oany is:

Principal Office Address:	Mailing Address:
480 Hibisous St., PH37	480 Hibbous St., PH317
West Palm Beach FL 33401	Upst Palm Brack, FL 33401

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:

ARTICLE I - Name:

Chad A. Potter

Name

480 H. b. is 245 St., PH37

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

West Palm Beach, FL 33401

City, State, and Zip ...

B FEB 18 AN 7: 49

CHETARY OF STATE

LLANIASSEE, 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)

		nager(s) or Managin ess of each Manager or	Managing Member is as follows:		
	Title: "MGR" = Manager "MGRM" = Managi		Name and Address:		
	MGRM		Chad A. Potter 480 Hissus St., PH37 West Falm Beach, FL 334	<u> </u>	
	(Use attachment if n	• ,		_	
(If an		d, the date must be	of filing: (OPT specific and cannot be more than five b	'IONAL) usiness day	ys
	REQUIRED SIGN			SECRETARY OF STALLAHASSEE. F	TILLED
	(In accorda constitutes I am aware	nce with section 608.408(2 an affirmation under the pe that any false information a third degree felony as pro-	an authorized representative of a member.  3), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true submitted in a document to the Department of State ovided for in s.817.155, F.S.)  The printed name of signee	ue. 🔀	7: 49

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)