

L13 000090378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

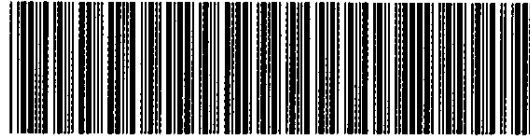
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900248488989

06/21/13--01009--024 **125.00

2013 JUN 21 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUN 24 2013

I CLINE

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Barnes and Barnes Enterprises, 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:

Roy C. Barnes
Name of Person

Barnes and Barnes Enterprises, LLC
Firm/Company

515 N.W. 210 Street
Address

Miami, FL 33169
City/State and Zip Code

cbunityfm@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roy C. Barnes at (305) 989-0853
Name of Person 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

2013 JUN 21 PM 11:18
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Barnes and Barnes Enterprises, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

515 N.W. 210 Street
Miami, FL 33169

Mailing Address:

515 N.W. 210 Street
Miami, FL 33169

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:

Jameel Barnes

Name

1920 N.W. 131 Street

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

Miami, FL 33167-1436

City, State, and Zip

2013 JUN 21 AM 11:18
SECRETARY OF STATE
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..

x Jameel Barnes

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:

MGRM

Roy C. Barnes
515 N.W. 210 Street
Miami, FL 33169

MGRM

Jameel Barnes
515 N.W. 210 Street
Miami, FL 33169

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:

x Jameel Barnes
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.)

x JAMEEL BARNES
Typed or printed name of signer

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)

2013 JUN 21 AM 11:18
STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA