## L13000106584

. (Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
JALLAHASSEE: FLORID

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Kevi	n Barrett LLC		
SUBJECT:		ed Liability Company	- <del></del>
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Kevin B	Barrett		
		Name of Person	
Kevin B	Sarrett LLC		
		Firm/Company	
605 S F	lorida Ave		
	•	Address	
Tarpon	Springs, FL 3	34689	
krbarrett9	Cii 2@yahoo.com	sy/State and Zip Code	SE TALL
	<b>O</b> ,	for future annual report notification)	HAA JUL
For further information	concerning this matter, please	e call:	26 TAK) ASSI
Kevin Barr	ett	727 741-76	59 🚆
Name	of Person	Area Code & Daytime Teleph	59 E.F. STATE OR IO. 07
Enclosed is a check for	or the following amount:		<b>&gt;</b>
■\$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	Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Kevin Barrett LLC  (Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address (	of the principal office of the Limited Liabil	ility Company is:
The manning address and street address	of the principal office of the Elimica Elaon	my Company is.
Principal Office Address:	<b>Mailing Address:</b>	
605 S Florida Ave	650 S Florida Ave	
Tarpon Springs, FL 34689	Tarpon springs, FL 34689	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	gistered Office, & Registered Agent's Si own Registered Agent. You must designate an individual s of the registered agent are:	ignature: al or another
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an individual	ignature: al or another  13 JUL 20 SECRETAL AMAS
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  Greg Mangini LLC  1040 Rosetree Lane	s of the registered agent are:	SECRE IARY
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  Greg Mangini LLC  1040 Rosetree Lane  Florida	own Registered Agent. You must designate an individual of of the registered agent are:  Name  street address (P.O. Box NOT acceptable)	SECRE JARY
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  Greg Mangini LLC  1040 Rosetree Lane  Florida	own Registered Agent. You must designate an individual of the registered agent are:  Name  Street address (P.O. Box NOT acceptable)  Tarpon Springs, Fl 34689	SECRE IARY
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  Greg Mangini LLC  1040 Rosetree Lane  Florida	own Registered Agent. You must designate an individual of of the registered agent are:  Name  street address (P.O. Box NOT acceptable)	ignature: 13 JUL 26 AM IO: 07 SECRETARY OF STATE JALLAHASSEE, FLORIDA

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing N	Name and Address:  Member
MGR	Kevin Barrett
	605 S Florida Ave
	Tarpon Springs, FL 34689
<del> </del>	
<u> </u>	
<del></del>	
(Use attachment if neces	esary)
·	
TICLE V: Effective date, if	other than the date of filing: 7/22/2013 . (OPTIONAL
TICLE V: Effective date, if	other than the date of filing: 7/22/2013 . (OPTIONAL he date must be specific and cannot be more than five business
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TICLE V: Effective date, if an effective date is listed, t	other than the date of filing: 7/22/2013 . (OPTIONAL he date must be specific and cannot be more than five business te of filing.)
TICLE V: Effective date, if an effective date is listed, to or 90 days after the date	other than the date of filing: 7/22/2013 . (OPTIONAL he date must be specific and cannot be more than five business te of filing.)
TICLE V: Effective date, if an effective date is listed, to bor to or 90 days after the date REQUIRED SIGNATION.	other than the date of filing: 7/22/2013 (OPTIONAL he date must be specific and cannot be more than five business te of filing.)  URE:  OPTIONAL SECURITIES SECURITIE
TICLE V: Effective date, if an effective date is listed, to bor to or 90 days after the date REQUIRED SIGNATION.	other than the date of filing: 7/22/2013 (OPTIONAL he date must be specific and cannot be more than five business te of filing.)  URE:  OPTIONAL SECURITIES SECURITIE
TICLE V: Effective date, if an effective date is listed, to or 50 days after the date is recovered and the date of	other than the date of filing: 7/22/2013 (OPTIONAL he date must be specific and cannot be more than five business te of filing.)  URE:    OPTIONAL   COPTIONAL
TICLE V: Effective date, if an effective date is listed, to or 90 days after the date and a secondary signate.  (In accordance constitutes an a l am aware that	other than the date of filing: 7/22/2013 . (OPTIONAL he date must be specific and cannot be more than five business te of filing.)  URE:  OPTIONAL  ALLA SECURE 13 JUL 26  ALLA ARSSEE 13 JUL 26  ARSSEE 14 JUL
TICLE V: Effective date, if an effective date is listed, to roor 90 days after the date and a signature.  REQUIRED SIGNATION (In accordance constitutes an all am aware that constitutes a things)	other than the date of filing: 7/22/2013 (OPTIONAL he date must be specific and cannot be more than five business te of filing.)  URE:  URE:  With section 608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. any false information submitted in a document to the Department of State

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)