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SECKETARY OF STATE

COVERALETTER

TO: Registration Section

Division of Corporations

Surfect: Barnes Bookkeeping & Consulting, 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:

Jaconica G. Barnes Name of Person Barnes Bookkeeping & Consulting, LLC Firm/Company 1032 SE 9th St Address Stuart, FL 34996 City/State and Zip Code jaconica@gmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaconica G. Barnes at (772 349-4700

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee □\$130.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Co	mpany is:	
Barnes Bookkeeping & Consulting, LLC		
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addres	s of the principal office of the Limited Liability	y Company is:
Principal Office Address:	Mailing Address:	
1032 SE 9th St	1032 SE 9th St	
Stuart, FL 34996	Stuart, FL 34996	
	Registered Office, & Registered Agent's Sign ts own Registered Agent. You must designate an individual or n.)	
The name and the Florida street addre	ess of the registered agent are:	ZONS SECI
Jaconica G. Barnes		聖団 袋 田
	Name	SSE L F
1032 SE 9th St		
Stuart	da street address (P.O. Box <u>NOT</u> acceptable)	AH II: 09 F STATE FLORIDA
	City, State, and Zip	∑'''

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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 Membe	Name and Address:
MGRM	Jaconica G. Barnes
	1032 SE 9th ST
	Stuart, FL 34996
	
	
Married Married Control of Contro	
(Use attachment if necessary)	
	than the date of filing: August 29, 2013 (OPTIONAL) the must be specific and cannot be more than five business days ling.)
REQUIRED SIGNATURE:	-1.0 52
Daw	west Hams
Allon Signature of a	member or an authorized representative of a member.
(In accordance with sec constitutes an affirmation	member or an authorized representative of a member.
(In accordance with sec constitutes an affirmation I am aware that any fals	member or an authorized representative of a member.
(In accordance with sec constitutes an affirmation I am aware that any fals	member or an authorized representative of a member. Action 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true-in see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.)

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)