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2013 SEP 23 AN IO: 38
SECRETARY OF STATE
TALL AMASSEE, FLORIDA

N. Culligan SEP 20 2013

COVER LETTER

Division of	Corporations	en e	
SUBJECT:	BARDI	O. LLC	
	Name of Limited	d Liability Company	
The enclosed Article	s of Organization and fee(s) are so	ubmitted for filing.	
Please return all corr	espondence concerning this matte	r to the following:	
	Terry	W Routee Name of Person	
	BARbi	G LLC Firm/Company	
	8927	Harlone fel	
		CSONVILLE FC 3	32010
	E-mail address: (to be used fo	Leemendors Bl	30, Com
For further information	on concerning this matter, please		
Terry	w Ron Hoce ne of Person	at (904 X13 5 Area Code & Daytime Telep	ohone Number
Enclosed is a check	for the following amount:		·
\$125.00 Filing Fee	L\$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 C	ircle

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 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: 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	Name and Address:
"MGRM" = Managing Member	
mckm	Terry Rounteee 3927 Herring Rel Jacksonville Fe 30010
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da	ate of filing: (OPTIONAL)
(If an effective date is listed, the date must be s	pecific and cannot be more than five business days
to or 90 days after the date of filing.)	SE SE F
REQUIRED SIGNATURE:	ARY OF ARY OF
4	M IO 38
Signature of a member of	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.)

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)

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