

L14000057884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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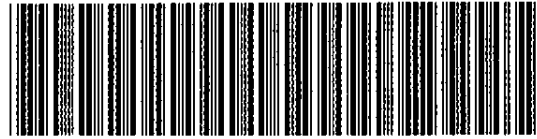
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 APR -9 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 APR -9 AM 8:56

APR 09 2014  
D. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Barrington Trucking Service, 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:

Anthony Barrington  
Name of Person

Barrington Trucking Service, LLC  
Firm/Company

P.O. Box 6667  
Address

Jacksonville, FL 32236  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea L. Barrington at ( 850 ) 242-2302  
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

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RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

APPROVED  
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Barrington Trucking Service, 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:

11331 Selma Point Circle  
JACKSONVILLE, FL 32236

Mailing Address:

Barrington Trucking Inc, LLC  
PO Box 6667  
JACKSONVILLE, FL 32236

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:

Andrea L. Barrington  
Name

183 Barrington Drive  
Florida street address (P.O. Box NOT acceptable)

Monticello FL 32344  
City 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 605, F.S.

Andrea L. Barrington  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

AMBR

Name and Address:

Anthony M. Barrington  
11331 Science Point Drive  
Jacksonville, FL 32218

Claude E. Hall  
P.O. Box 441231  
Jacksonville, FL 32222

Andrea L. Barrington  
183 Barrington Drive  
Monticello, FL 32344

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 2, 2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Andrea L. Barrington

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

ANDREA L. BARRINGTON

Typed or printed name of signee

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)

STATE  
DEPT.  
OF  
RECORDS  
AND  
ADMINISTRATION  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED