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Certified Copies	Certificates of	of Status
Special Instructions to Fi	ling Officer:	

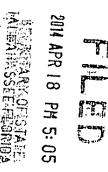
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Office Use Only



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J. BRUCE

COVER LETTER

TO: Registration of	n Section Corporations				
SUBJECT: Barne	tt Wood Working Name of Lit	nited Liability Company			
The enclosed Article	es of Organization and fee(s) a	re submitted for filing.			
Please return at) com	respondence concerning this n	eatter to the following:			
Kennet	h Wade Barnett, Sr.				
		Name of Person			
Barnett	Wood Working, LLC				
		Firm/Company			
5389 M	lahogany Bivd				
		Address	aung Prop. ngap.	20	
Bunnal	I. FL 32110			2014 APR	-
ر ,) x	City/State and Zip Code			AND ALL
	E-mail address: (to be use	ed for future annual report notific	ation)	σ.	3 8™0″
For further informat	ion concerning this matter, ple	rise call;	FLOR	PM 5: 05	- i-
Kenneth Barnett	at (386) 313-6239		05	
N	ame of Person		lephone Number		
Enclosed is a check	for the following amount:				
☐ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed))	
M	siling Address	Street/Courier Add	153		

Mailing 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

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Barnett Wood Working, LLC (Must and with the words "Limited	od 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:	Mailing Address:	
5389 Mahogany Bivo Bunnell, FL 32110	5389 Mahogany Blvd Bunnell, FL 32110	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registere	m Registered Agent. You must designate an i	ndividual or
-		
Kenny Wade Barnett. Sr. Nam	16	
5389 Mahogany Blyd Florida street address (P.O. Bo	ox NOT acceptable)	
Bunnell	FL 32110	
City	Zip	
Having been named as registered agent and to accept s the place designated in this certificate. I hereby acce capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the o Cha	ept the appointment as registered agent and a is of all statutes relating to the proper and con	gree to act in this uplate performance
Registered Agent's Sign	nature (REQUIRED)	2011 A
(CONTINI	UED)	APR I
Page 1 of	r2	8 PH 5: 05

Title:	Name and Address:
"AMBR" "Authorized Member "MGR" = Manager	
"MGR" = Manager //	Kenneth Wade Barnett, Sr
A STATE OF THE STA	5389 Mahogany Blvd
	Bunnell, FL 32110
(Use attachment if necessary) EV: Effective date, if other than the cective date is listed, the date must be of filing.)	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days at
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