

L14000118286

Division of Corporations Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000176384 3)))



H140001763843ABC1

EFFECTIVE DATE
7-24-2014

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (786) 409-5946

FILED
2014 JUL 24 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
BARKER BOATWORKS, LLC

Please file on the day that was fax 7/24/14

Certificate of Status	0
Certified Copy	1
Page Count	04
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K. SALY
EXAMINER

JUL 29 2014



July 25, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: BARKER BOATWORKS, LLC
REF: W14000045632

We have received your document for BARKER BOATWORKS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H14000176384
Letter Number: 214A00015979

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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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H1400076384

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARKER BOATWORKS, 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:

KEVIN BARKER
Name of Person

BARKER BOATWORKS, LLC
Firm/Company

PO BOX 110108
Address

BRADENTON, FL 34211
City/State and Zip Code

KEVINBARKER8787@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN BARKER at (941) 2328646
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
7-24-2014

BARKER BOATWORKS, 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:

13325 Swallow Tail Dr.
Bradenton, FL 34203

Mailing Address:

PO BOX 110108
Bradenton, FL 34211

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.)

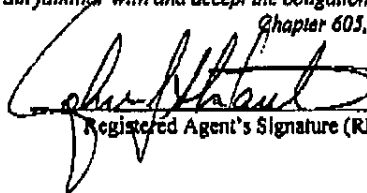
The name and the Florida street address of the registered agent are:

JOHN LABITANTE, CPA P.A.
Name

12401 ORANGE DR. SUITE 100C
Florida street address (P.O. Box NOT acceptable)

DAVIE FL 33330
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.


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

Name and Address:

KEVIN BARKER

13325 SWALLOW TAIL DR

BRADENTON, FL 34202

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2014 JUL 24 AM 8:21
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TALLAHASSEE, FLORIDA

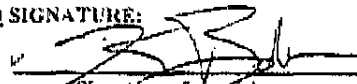
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/24/2014 (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:



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.)

KEVIN BARKER

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 4.00 Certificate of Status (Optional)