LI5000/AUA

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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2015 JAN 12 PH 3: 32
SECRETARY OF STATE
ORIDA

JAN 23 2015 BRUCE

COVER LETTER

Division of	Corporations		
SUBJECT: KE	RRY BARNETT	FIRE SAFETY	Consulting
	Name of Lir	nited Liability Company	
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
	KERRY BAR	(NETT	
		Name of Person	
	KERRY BARN	IETT FERE SAITE.	TY CONSUltiNG
		Firm/Company	
		R54 E	
		Address	
	KATHLEEN	J FLORIDA ity/State and Zip Code	33849
1/		ity/State and Zip Code	
K	- L 5\ZZ @ t	PEOPLEPC. CO	etion)
			anony
	on concerning this matter, ple		20 20
KERRY	BARNETT at	813, 778-	-4981 5 5 -
Na	me of Person	Area Code Daytime Te	lephone Number RARY SEE
Enclosed is a check f	or the following amount:		
□ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy FT N (additional copy is enclosed)
<u>M:</u>	niling Address	<u>Street/Courier Add</u>	<u>ress</u>

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

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The name of the Limited Liability Company is:

KERRY BARNETT FIRE SAFETY CONSULTING, 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:	Maning Address:
43951 CR54 E	43951 CR54 E
KATHLEEN, FL 33849	KATHLEEN, FL. 3384
·	

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:

KERRY BARNE	TT
Name	
43951 CR54	E
Florida street address (P.O. Box	NOT acceptable)
Kathleen	FL 33849
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)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Kerry BARNETT
	439 51 CR 54E
	Kathleen, FL 33849
Mbr	LISA BARNETT
	43951 CR 54E
	Kathleen, FL 33849
	•
	
(Use attachment if necessary)	
•	
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