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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C 7 CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842

Fax Number

: (850)878-5368

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

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	ddress:	ddress:	ddress:	ddress:	ddress:	ddress:

FLORIDA LIMITED LIABILITY CO.

Carol A Barnett LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Carol A Barnett 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:
Carol A Barnett Name of Person
Firm/Company
2617 Wickerton Ct Address
St Louis Missouri 63122 City/State and Zip Code
barnett carol57@cmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Carol Barnett at (314) 578-0299 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☑ \$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status 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 Limit	ted Liability Company is:					
Caro	I A Barnett LL					
	(Must end with the words "Li	imited Liability Co	ompany, "L.L.C.," or "I	LC.")		
ARTICLE II - Addr The mailing address a	ess: and street address of the princ	spal office of the I	imited Liability Comp	any is:		
Principal Office Add	lress:	Mailing	Address:			
14404 Distance			Barnett			
11491 Dickey Ln. Captiva Fl. 33924			ickerton Court s Mo. 63122			
The name and the Flo	orida street address of the regi CT Corporation 5	_			15 APR	* / 4
		Name			ૐ •	
	1200 South Pine	Island Road				Shares
	Florida street address (P.C	O. Box NOT acce	ptable)		<u> 20-</u>	्र सम्बद्धाः इ.स.
	Plantation	FL_	33324	100 mg 10	င္ပဲ	******
	City		Zip		Š	***************************************
				4.00	T	at

(CONTINUED)

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Title: "AMBR" - Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Carol A Barnett
	2617 Wickerton Ct Si Louis Mo.3122
AMBR	Max Barnett
	2617 Wickerton St. Louis Mo. 63122
	30. FOUIS INO. 93166.
(Use attachment if necessary) EV: Effective date, if other than the date	of filing: (OPTIONAL)
E V: Effective date, if other than the date	of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days a
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