

L15000151182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

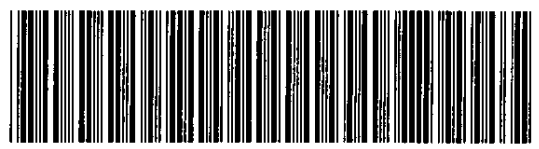
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Certificates of Status ☒

Special Instructions to Filing Officer:

~~W15-56838~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP -1 AM 9:35

FILED

~~W15-56838~~

SEP 10 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C BARBER AND ASSOCIATES 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:

ROBERT BARBER

Name of Person

C BARBER AND ASSOCIATES LLC

Firm/Company

1885 FOREST GLEN WAY

Address

ST AUGUSTINE, FL 32092

City/State and Zip Code

BARBERRG@GMAIL.COM

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

For further information concerning this matter, please call:

ROBERT BARBER

858

722-7340

at ()

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2015

ROBERT BARBER
1885 FOREST GLEN WAY
ST AUGUSTINE, FL 32092

SUBJECT: C BARBER AND ASSOCIATES LLC
Ref. Number: W15000056838

We have received your document for C BARBER AND ASSOCIATES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6052.

Teresa Brown
Regulatory Specialist II

Letter Number: 115A00018063

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C BARBER AND ASSOCIATES 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:

1885 FOREST GLEN WAY
ST AUGUSTINE, FL 32092

Mailing Address:

1885 FOREST GLEN WAY
ST AUGUSTINE, FL 32092

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:

ROBERT BARBER

Name

1885 FOREST GLEN WAY

Florida street address (P.O. Box **NOT** acceptable)

ST AUGUSTINE

FL

32092

City

State

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..

Robert G Barber

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2015 SEP -1 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

ROBERT G BARBER

1885 FOREST GLEN WAY

ST AUGUSTINE, FL 32092

CARA H BARBER

1885 FOREST GLEN WAY

ST AUGUSTINE, FL 32092

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1 SEP 2015 (OPTIONAL)

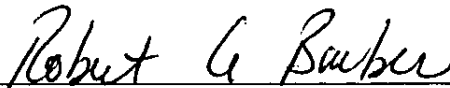
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

NONE

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

ROBERT G BARBER

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)