## L15000213434

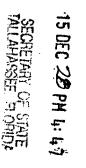
(Ře	questor's Name)	
(Add	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<del>W15-8</del>	267	

Office Use Only



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## COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	Tracy Z. Barth LLC
	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Tracy Z. Barth  Name of Person
	Firm/Company .
	12620 Beach Blvd Suite 3 #236
	Jacksonville, FL 32246  City/State and Zip Code
	·
-	tracybarth@gmail.com  E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Tracy Z. Barth at ( 904 ) 813-5588
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2015

TRACY Z. BARTH 12620 BEACH BLVD SUITE 3 #236 JACKSONVILLE, FL 32246

SUBJECT: TRACY Z. BARTH LLC. Ref. Number: W15000080267

We have received your document for TRACY Z. BARTH LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 215A00026104

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

ARTICLE I - Name:			FILED .
The name of the Limited Liability	Company is:		15 DEC 28 PM 4: 47
(Must end w	Tracy Z.	Barth LL( Liability Comp	O. SECRETARY OF STATE PARTY OF STATE PARTY OF STATE
ARTICLE II - Address: The mailing address and street add	ress of the principal of	fice of the Lim	ited Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
12620 Beach Blvd Su	ite 3 #236		12620 Beach Blvd Suite 3 #236
Jacksonville, FL 3224	16	_ :	Jacksonville, FL 32246
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac	annot serve as its own	Registered Age	agent's Signature: nt. You must designate an individual or
The name and the Florida street ac	dress of the registered	agent are:	
	Trac	y Z. Barth	
		Name	
		Harborton	
	Florida street address	(P.O. Box <u>NO</u>	T acceptable)
	Jacksonville	<u> </u>	32224
	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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title:	Name and Address: 15 DEC 28 PM 4: 47
"AMBR" = Authorized Member	SECRETARY OF STATE
"MGR" = Manager MGR	SECRETARY OF STATE TALLAHASSEE H.ORIDA
	12620 BEACH BLVD SUITE 3 #236
	JACKSONVILLE, FL 32246
	the date of filing:
EV: Effective date, if other than ective date is listed, the date mu of filing.)	ist be specific and carmot be more than five business days prior to or 90 per not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than ective date is listed, the date mu of filing.) The date inserted in this block details the date inserted in this block details.	ist be specific and carmot be more than five business days prior to or 90 per not meet the applicable statutory filing requirements, this date will not
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