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(Re	questor's Name)	
(Ad	ldress)	
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COVER LETTER

	sistration Section ision of Corporations
CUDIECT.	Mary A. Barnett, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
Ţ	Terry R. Kroggel
_	Name of Person
1	Terry R. Kroggel, PA
_	Firm/Company
1	13902 N. Dale Mabry Hwy, Suite 106
_	Address
1	Tampa, FL 33618
To	City/State and Zip Code erry@Kroggel-CPA.Com
_	E-mail address: (to be used for future annual report notification)
For further inf	formation concerning this matter, please call:
τ	Ferry R. Kroggel 813 355-1724
_	Name of Person Area Code Daytime Telephone Number
Enclosed is a	a check for the following amount:
\$125.00 Fili	ring Fee \$\sum_{\text{Certificate of Status}}\frac{\$155.00 \text{ Filing Fee & Certificate of Status}}{Certified Copy} \text{Certified Copy (additional copy is enclosed)}} \text{Certified Copy (additional copy is enclosed)}}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	oility Company is:		
Mary A. Barnett, (Must e	LLC nd with the words "Limited"	Liability Company	v, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	et address of the principal of	fice of the Limited	Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
13902 N. Dale M Tampa, FL 33618	abry Hwy, Suite 106		D2 N. Dale Mabry Hwy, Suite 106 pa, FL 33618
The name and the Florida stro	Terry R. Kroggel	agent are:	
	13902 N. Dale Mabry	Hwy, Suite 106	
	Florida street address		cceptable)
	Tampa, FL 33618		
	City	State	Zip
place designated in this certification further agree to comply with the	ate, I hereby accept the appo e provisions of all statutes rel e obligations of my position a	intment as register lating to the proper to registered agent	e above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, and I are provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2



"AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager	
MGR	Mary A. Barnett
	13821 Cypress Village Circle
	Tampa, FL 33618
	
(Use attachment if necessary)	
• • • • • • • • • • • • • • • • • • • •	
•	n the date of filing: . (OPTIONAL)
ARTICLE V: Effective date, if other that If an effective date is listed, the date in	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days after
ARTICLE V: Effective date, if other tha If an effective date is listed, the date m he date of filling.)	ust be specific and cannot be more than five business days prior to or 90 days after
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ARTICLE V: Effective date, if other that If an effective date is listed, the date in the date of filing.) Note: If the date inserted in this block of the document's effective date on the Defarticle VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that	does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records. Banett of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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)