L/6000/37/65

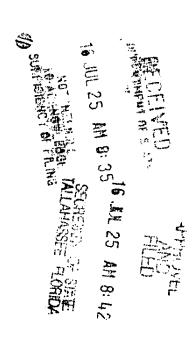
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special instructions to Filing Officer:				





800288215128

07/25/16--01002--001 **130.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Barton's Floor's + more "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:
Jeremiah Lerou Barton
Firm/Company
1084 longevity In & Address
Tallahassee Fl 32305
Barton 42076 @ GMail . Com Imail added :: (to be used for future anottal report notification)
For further information concerning this matter, please call:
Jeremiah Barton at (850) 6941-5586
Name of Person Area-Coda; Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, 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 CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

船

ARTIC	LE.	I -	Na	me:
-------	-----	-----	----	-----

The name of the Limited Liability Company is:

16 JUL 25 AM 8: 4:2

Barton's Floor's + More LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRE RATE OF STATE
TALLAHASSEE HERIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1084 longarty In	Same
Tallahassee Ft	
—— 3230 S	

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:

Jeremiah Leroy Barton

Name

1084 longevity In

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

Tallahassee Fl 32305

Having been brained as registered agent and to accept service of process for the above stated limited liability company at this place designated in this certificate. Thereby accept the appointment as registered agent and agree out 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 Shapter 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2



ARTICLE IV-	
The name and address of each person authority	ized to manage and control the Limited Liability Company: 11 25 4H 8: 4
Title:	Name and Address:
"AMBR" = Authorized Member	SECRETARY OF STAN
"MGR" = Manager	Jeremiah Leroy Barton Barton
Į.	Wolf longerity In Tallahaisec
Mars	
1101)	FI 32305
•	
(Use attachment if necessary)	
f an effective date is listed, the date must be specificed ate of filing.)	filing: July 25 2016 (OPTIONAL) ic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as State's records.
KTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
RECORED SIGNATURE:	of 12 m to
1 Ostornu	L Dallon
This document is executed (am aware that any false in	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.

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)