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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Barrow Custom 2 LEC 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:
Dave R Barrow
Name of Person
Barrow Customz LLC
Firm/Company
17-551 SW 38th Ter. Rd
Ocala, F2 3447-3 City/State and Zip Code
Bewellhie Gahov Com Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jennifer Sewell, 362, 464-4977
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status 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 CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	CI	Æ	-	Na	me:

The name of the Limited Liability Company is:

(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:	Mailing Address:
175515W384n7CrRd	17551 SW 38th Ter Rd
Deala, 1934473	Ocala (1234473

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:

Dave R Barrows

17551 SW38 Thr. Ro Florida street address (P.O. Box NOT acceptable)

DCaDa F7 31/1/23

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Mer "MGR" = Manager	Name and Address:
MGR	Dave R. Barrow 17551 SW 3847ET Rd Ocalg, Fr. 341473
Use attachment if necessary V: Effective date, if other	an the date of filing:
V: Effective date, if other tive date is listed, the date filing.) ne date inserted in this blocent's effective date on the limits.	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not epartment of State's records.
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V: Effective date, if other rive date is listed, the date filing.) the date inserted in this blocent's effective date on the list of the visions, if any visions, if any visions decume than aware to	does not meet the applicable statutory filing requirements, this date will not