PH 2006 2149

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: ///0//6
ENTITY NAME:
·
Backley Consulting Engineering LLC
PLEASE FILE THE ATTACHED AND RETURN:
Plain Copy
Certified Copy
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY: Document Number:
Certified Copy of Arts & Amendments
Certificate of Good Standing
APOSTILLE'/NOTARIAL CERTIFICATION: COUNTRY OF DESTINATION
NUMBER OF CERTIFICATES REQUESTED
TOTAL AMOUNT OWED: 4/25.00 CHECK NUMBER: PLEASE CONTACT TINA OR ERIC AT 850-656-4724 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER. Thank you!
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ÅRTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				FILED					
The name of the Limited Liability Company is:		16	YOH	10	415	Ĉ.	05		
Barkley Consulting Engineering LLC			<u> </u>			•	:		
(Must end with the words "Limited Liability C	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:								
8131 Vineland Avenue	8131 Vineland Avenue								
Unit 125	Unit 125								
Orlando, FL 32821	Orlando, FL 32821								
The name and the Florida street address of the registered agent are: Edward Jeffrey Ray Reynolds Name									
	_								
8131 Vineland Avenue, Unit 12 Florida street address (P.O. Box									
Orlando FL	32821								
City State	Zip								
Having been named as registered agent and to accept service of proce, place designated in this certificate, I hereby accept the appointment as further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registere Registered Agent	registered agent and agree to act in this e proper and complete performance of m	capa ıy du	city. I	!					
(CONTI	NUED)								

Page 1 of 2

	BR" = Authorized	Member	Name and Address:
"MG AME	R" = Manager BR		Jeffrey William Reynolds 8131 Vineland Avenue, Unit 125 Orlando, FL 32821
AMI	BR		Edward Jeffrey Ray Reynolds 8131 Vineland Avenue, Unit 125 Orlando, FL 32821
ICLE V: effective	date is listed, the	ther than the date of filing	g:
	ate inserted in this	block does not meet the the Department of State	applicable statutory filing requirements, this date will not be listed 's records.
	Other provisions, i	if any.	
ICLE VI:			

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.

as

Ed Tsuji, Authorized Representative

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)

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