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C. GOLDEN JAN 1 7 2017

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 464563 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: January 12, 2017 ORDER TIME : 9:03 AM ORDER NO. : 464563-005 CUSTOMER NO: 7175508 DOMESTIC FILING NAME: BARRETT ADVISORS, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY __ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	BARRETT ADVISORS, LLC		
SUBJEC	Name of I	nited Liability Company	
The encl	osed Articles of Organization and fee(s)	e submitted for filing.	
Please re	eturn all correspondence concerning this	atter to the following:	
	LINDSAY SAFFRIN		
		Name of Person	
	LEVENFELD PEARLSTEIN, LLC		
		Firm/Company	
	2 N. LASALLE ST., STE. 1300		
		Address	
	CHICAGO, IL 60602		
	LPAGENTS@LPLEGAL.COM	City/State and Zip Code	
	E-mail address: (to be use	for future annual report notification)
For furthe	r information concerning this matter, ples	e call:	
	LINDSAY SAFFRIN	346-8380	
	Name of Person	rea Code Daytime Telephone N	lumber
Enclosed	l is a check for the following amount:		
\$ 125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

Α	R	TI	CI	ĿΕ	I -	·N	a	me	:
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The name of the Limited Liability Company is:

2017 JAN 13 AM 9:59

BARRETT ADVIS	ORS, LLC			SECTION OF ALL
(Must end	d with the words "Limited	d Liability Comp	any, "L.L.C.," or "LLC.")	TALLAHASSEE, FEGA
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Lim	ited Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Add	lress:
801 Azalea Street		1	301 Azalea Street	
Boca Raton, Florid	a 33486		Boca Raton, Florida 33486	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an The name and the Florida stree	ny cannot serve as its own active Florida registration	n Registered Age on.) d agent are:		ndividual or
	1201 Hays Street			
	Florida street addres	ss (P.O. Box <u>NO</u>	T acceptable)	
	Tallahassee, FL 323	01		
	City	State	Zip	
Having been named as registered place designated in this certificat further agree to comply with the p am familiar with and accept the d	e, I hereby accept the app provisions of all statutes robbligations of my position Corporation So By:	pointment as regi relating to the pro- as registered ag	stered agent and agree to ac oper and complete performa ent as provided for in Chapte V	t in this capacity. I nce of my duties, and I

(CONTINUED)

Page 1 of 2

	<u>Title:</u> "AMBR" = Authorized h	Name and Address:
	"MGR" = Manager	
	MGR	Anne B. Barrett
		801 Azalea Street
		Boca Raton, Florida 33486
	MGR	Parity I Dames
	MOK	Emily J. Barrett 801 Azalea Street
		Boca Raton, Florida 33486
		Boca Raton, Florida 33486
	·	
	(Use attachment if neces	
ARTIC	LEV: Effective date, if other	date of filing: (OPTIONAL)
		e specific and cannot be more than five business days prior to or 90 days aft
	e of filing.)	and the same Could be seen as a City of the same of the City of th
	cument's effective date on t	not meet the applicable statutory filing requirements, this date will not be listed
the doc	difficill's effective date off	icht of State's records.
ARTIC	LE VI: Other provisions, if	
	REOUIRED SIGNATU	

The name and address of each person authorized to manage and control the Limited Liability Company:

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.

ROBERT A. ROMANOFF, 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)

ARTICLE IV-

Page 2 of 2

SECRETARY TO AM 9: 59
