

L18000155013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

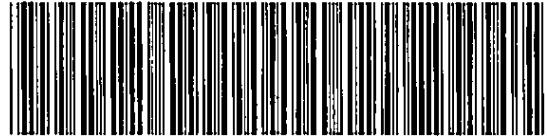
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/24/18--01025--002 **155.00

FILED
2018 JUN 25 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
K PAGE
JUN 26 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2018

JAMES BARRETT
900 DOGWOOD DRIVE BLDG8 APT 138
DELRAY BEACH, FL 33483

SUBJECT: BARRETT FAMILY 900 LLC
Ref. Number: W18000050816

We have received your document for BARRETT FAMILY 900 LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 318A00011173

RECEIVED
2018 JUN 25 PM 3:27
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Barrett Family 900 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:

James Barrett
Name of Person

James Barrett
Firm/Company

Barrett Family 900 LLC
Address

900 Dogwood Drive Bldg 8 Apt 138
City/State and Zip Code

Delray Beach FL 33483
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Barrett 203 676-9897
Name of Person Area Code Daytime Telephone Number

Enclosed 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Barrett Family 900 LLC

(Must contain 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:

900 Dogwood Drive Bldg 8 Apt 138
Delray Beach FL 33483

Mailing Address:

900 Dogwood Drive Bldg 8 Apt 138
Delray Beach FL 33483

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:

James Barrett

Name

900 Dogwood Drive Bldg 8 Apt 138

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

Delray Beach

FL

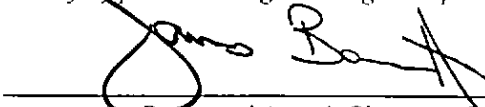
33483

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager
Member

Name and Address:

James Barrett
900 Dogwood Drive Bldg 8 Apt 138
Delray Beach FL 33483

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUN 25 PM 2:27

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(Use attachment if necessary)

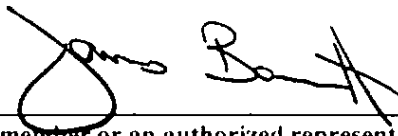
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

James Barrett

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)