

**L18000291161**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H18000361979 3)))



H180003619793ABCB

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
BARNEOS, L.L.C.**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 26 2018

< Brumpley

**ARTICLES OF ORGANIZATION  
OF  
BARNEOS, L.L.C.  
(Effective Date 01/01/2019)**

The undersigned, as a member or an authorized representative of a member of the Company pursuant to Chapter 605, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named: BARNEOS, L.L.C.

**ARTICLE I.**

**NAME**

The name of the Limited Liability Company shall be  
**BARNEOS, L.L.C.**

**ARTICLE II.**

**ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company shall be: 4300 BISCAYNE BLVD STE 203, MIAMI, FL. 33137.

FILED  
2018 DEC 21 AM 11:59  
TAMPA COUNTY CLERK  
TAMPA, FLORIDA

**ARTICLE III.**

**DURATION**

The period of duration for the Limited Company shall be perpetual.

**ARTICLE IV.**

**PURPOSE OF ORGANIZATION**

The Limited Liability Company is organized for the purpose of engaging in any and all other acts or purposes permitted under Section 605 of the Florida Statutes 1993, as amended from time to time, and for any and all other applicable or governing laws of the State of Florida, except as any of the foregoing acts and/or purposes may be otherwise barred or restricted by laws.

**ARTICLE V.**

**MANAGEMENT**

This Limited Liability Company shall be managed by One Authorized Member and the name and address of the Authorized Member are:

MARIOLA N. GRAMACCINI

at 4300 BISCAYNE BLVD STE 203, MIAMI, FL. 33137.

**ARTICLE VI.**  
**ADMISSION OF NEW MEMBERS**

Unless otherwise herein specified, no new Members shall be admitted to the Limited Liability Company during the period of its existence. New Members may be admitted pursuant to a vote of not less than 100% of the total existing ownership interest each Member has in the Limited Liability Company. No individual Member and/or managing Member of the Limited Liability Company shall ever have the power to terminate or grant membership to any person.

**ARTICLE VII.**  
**CONTINUATION AFTER INVOLUNTARY TERMINATION**

In the event of termination of the Limited Company due to death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of the Limited Liability Company provided that 100% of the ownership interest then remaining shall have to do so in writing.

A handwritten signature in black ink, appearing to read 'Mariola N. Gramaccini', written over a horizontal line.

MARIOLA N. GRAMACCINI  
AUTHORIZED MEMBER

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 605, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Limited Liability Company is:

BARNEOS, L.L.C.

4300 BISCAYNE BLVD STE 203,

MIAMI, FL. 33137.

2. The name and address of the registered agent and office is:

MARIOLA N. GRAMACCINI

Name

4300 BISCAYNE BLVD STE 203,

(P.O. Box or Mail Drop NOT acceptable)

MIAMI, FL. 33137

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation 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.



SIGNATURE  
MARIOLA N. GRAMACCINI

DATE 12/21/2018