

9/16/2019

**L19000227895**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.**

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**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 : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC  
Account Number : I20190000062  
Phone : (239)850-9451  
Fax Number : (866)929-0535

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

Email Address: psfb@comcast.net**FLORIDA LIMITED LIABILITY CO.  
BARRACHO ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

J DENNIS

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09/17/19 06:19AM PDT '8669290535' -> 8506176381

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Thank You,

Kathy Long  
1136 NE Pine Island Rd Ste 51  
Cape Coral, Fl 33909

Mailing address:  
1334 SE 3rd Street,  
Cape Coral, Fl 33990

239-850-9451  
[psfb@comcast.net](mailto:psfb@comcast.net)

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** BARRACHO ENTERPRISES, 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:

KEITH E. LONG

Name of Person

LONG LAW, PA.

Firm/Company

2122 VICTORIA AVE, STE B

Address

PORT MYERS, FL 33901

City/State and Zip Code

KEITH@LONGLAWFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEITH E. LONG

239

4002060

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BARRACHO ENTERPRISES, 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:**16520 S TAMiami TRAIL  
FORT MYERS, FL 33908**Mailing Address:**16520 S TAMiami TRAIL  
FORT MYERS, FL 33908**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:

LONG LAW, P.A.

Name

2122 VICTORIA AVE., STE BFlorida street address (P.O. Box **NOT** acceptable)FORT MYERSFL33901

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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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

CLAYTON BERRY

18021 MISTY MORNING LANE

FORT MYERS, FL 33913

MGR

ARNOLD TREVINO

6030 SPANISH OAKS LANE

NAPLES, FL 34119

(Use attachment if necessary)

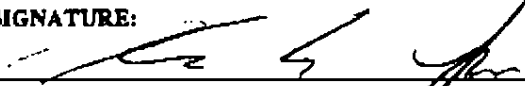
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

KEITH LONG, AUTHORIZED ATTORNEY

Typed or printed name of signer

**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)