To:

Page: 1 of 3

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 : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone : (215)563-8113 Fax Number : (215)977-9386

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

Emai	1	Addre	es:	5:

FLORIDA LIMITED LIABILITY CO.

Barilla Property Management Services L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Page: 2 of 3

06/27/2022 9:49 AM

(((H220002202793)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Barilla Property Management Services L.L.C.

(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:

Princi	pal Office	e Address:

Mailing Address:

363 Starboard Way363 Starboard WayJensen Beach, FL 34957Jensen Beach, FL 34957

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:

Michael T. Barilla Sr.

Name

363 Starboard Way

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

Jensen BeachFL34957CityStateZip

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 proposition of typical agent as provided for in Chapter 605, F.S..

stered Agent's Signature (REQUIRED

(CONTINUED)

To:

(((H220002202793)))

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
-			
AMBR	Michael T. Barilla Sr.		
	363 Starboard Wav Jensen Beach, FL 34957		-
	Jensen Beach, P.L. 34937		-
			
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)