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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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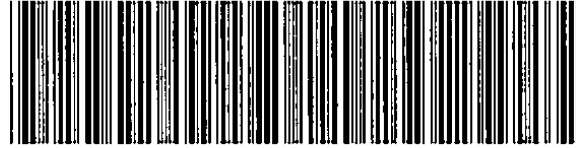
(Business Entity Name)

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FALLAHASSEE, FL 32909

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# SMITH LAW FIRM, LLC

ATTORNEYS AND COUNSELORS AT LAW

B. LARRY SMITH, P.A.  
"SNUFFY"

B. SHANNON SMITH, P.A.  
"SHANNON"

322 EAST PARK AVENUE  
CHIEFLAND, FLORIDA 32626

OFFICE (352) 490-5353  
FACSIMILE (352) 490-5337

December 7, 2022

New Filing Section  
Division of Corporations  
POB 6327  
Tallahassee FL 32314

RE: LA Barker Properties, LLC


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To Whom It May Concern:

Please find enclosed my firm's check numbered 6876 in the amount of \$130.00 and the original Cover Letter and Articles of Incorporation for filing in the above matter. Please forward the Certificate of Status to my office at 322 East Park Avenue, Chiefland FL, in the enclosed self addressed, stamped envelope.

In the meantime, I thank you for your time and consideration.

Sincerely,



B. SHANNON SMITH  
BSS/kb  
enc

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: LA BARKER PROPERTIES, 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:

B. SHANNON SMITH, ESQ.  
Name of Person

SMITH LAW FIRM, LLC  
Firm/Company

322 E. PARK AVE  
Address

CHIEFLAND, FLORIDA 32626  
City/State and Zip Code

albarker2@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

B. SHANNON SMITH at ( 352 ) 490-5353  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 TALLAHASSEE, FLORIDA  
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LA BARKER PROPERTIES 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:

Mailing Address:

4730 NW 60<sup>th</sup> AVE  
CHIEFLAND, FL  
32626

POB 2634  
CHIEFLAND, FL  
32626

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:

LORI A. BARKER

Name

4730 NW 60<sup>th</sup> AVE

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

CHIEFLAND FL 32626

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.*

Lori A. Barker

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL 32399

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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

**Name and Address:**

AMBR

LORI A BARKER  
POB 2634  
CHIEFLAND, FL 32626

(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:**

*Lori A. Barker*

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.

LORI A. BARKER

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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)