

3/15/23, 3:43 PM

Division of Corporations

L23000120043

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

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

From: Account Name : INTERSTATE FILINGS LLC
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: hzel@interstatefilings.com

FLORIDA LIMITED LIABILITY CO.
BARTWORTH MANAGEMENT LLC

Table with 2 columns: Item and Amount. Rows include Certificate of Status (0), Certified Copy (0), Page Count (02), and Estimated Charge (\$125.00).

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2023 MAR 15 AM 12:45
DEPARTMENT OF STATE
TALLAHASSEE, FL

914113032

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Handwritten signature

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

BARTWORTH MANAGEMENT LLC

(Must end with 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:

9403 NW 38TH STREET
CORAL SPRINGS FL 33065

9403 NW 38TH STREET
CORAL SPRINGS FL 33065

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

AARON BARTFIELD
Name

9403 NW 38TH STREET
Florida street address (P.O. Box NOT acceptable)

CORAL SPRINGS FL 33065
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 that capacity and 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.

LA

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>Managing Member</u>	<u>LEVLAINSWORTH</u> <u>1606 99TH STREET, UNIT 8</u> <u>BAY HARBOR ISLANDS, FL 33154</u>
<u>Managing Member</u>	<u>AARON BARTFIELD</u> <u>9463 NW 38TH STREET</u> <u>CORAL SPRINGS, FL 33065</u>
<u> </u>	<u> </u>
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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:

LA

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.

AARON BARTFIELD

Typed or printed name of signee

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2023 MAR 25 AM 12:41 PM
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