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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

то:	New Filing Section		н
13.21	Division of Corporations		
SUBJE	CT: BARINEAU Name of L	COWSTRUCT) imited Liability Company	on LLC
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	natter to the following:	
	MARK BARI'	1eAV	
		Name of Person	
		Firm/Company	
	550 BARINEAU	ROAD	
		Address	
	- 11 1 1 1 1 1 1 1 1 1	1/2001/14 Z 220	9 4
	TAlluhuSSEE F	City/State and Zip Code	
		·	
	E-mail address: (to be u	sed for future annual report notif	ication)
For furt	ther information concerning this matter, pl	rase call:	
			_
,	MANK Bunjwere at Name of Person	(850) 491-8	302
	Name of Person	Area Code Daytime Telep	ohone Number
Enclo	osed is a check for the following amount:		,
	25.00 Filing Fee	2 & □\$155.00 Filing Fee &	± 160.00 Filing Fee,
ا لبدلي	Certificate of Status	Certified Copy (additional copy is enclose	Certificate of Status &
	Mailing Address	Street Address	
	New Filing Section	New Filing Section The Centre of Ta	
	Division of Corporations P.O. Box 6327		Street, Suite \$10

Tallahassee, FL 32314

Tallahassee, FL 32303

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BARIWEAU COWSTRUCTI (Must contain the words "Limited Liability C	ow LLC
(Must contain the words "Limited Liability C ARTICLE II - Address:	ompany, L.E.C., or ELC.
The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address:	Mailing Address: 550 Byrringhy Rind
550 BARIWEAU ROAD TANAMYSKY, Florida 32304	Trilahassee Florida 32304

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARK BARI	WHAU	
	Vanne	
550 BARIN	enu ROAD	
Florida street address (P.O. Box NOT acce	ptable)
TAllahASSEE	Florida	3234
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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<u>Fitle:</u>	Name and Address:	
AMBR" = Authorized Member MGR" = Manager	MARK BARINIAN	
MGR" = Manager Am3 R 1-	WAKE BUKINSH	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	550 BARINETU ROAD 7AIITHASSCE Florida 32304	
	-1/1/1 1/1/1/1/2) \(\)\	
		
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