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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT - - MAIL

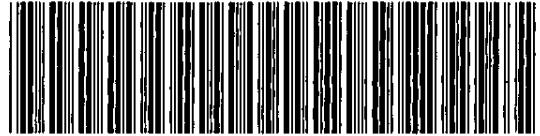
(Business Entity Name)

(Document Number)

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T. CLINE

JAN 23 2008

EXAMINER

MO8-348

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JAN 22 PM 1:55

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Barton Isle Fertilizer Company, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Wendell Minott

(Name of Person)

Barton Isle Fertilizer Company

(Firm/Company)

11137 Sailbrook

(Address)

Riverview, FL 33569

(City/State and Zip Code)

For further information concerning this matter, please call:

Wendell Minott at (248) 423-0703

(Name of Person)

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2000 JAN 22 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Barton Isle Fertilizer Company, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Jamaica 3. 33-1198073
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. November 4, 2007 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1137 Sailbrook Dr. Riverview, FL 33569
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

Wendell Minott, 1137 Seabrook Dr. Riverview, FL 33569
Joseph Parker, 3319 Greenfield RD, # 227 MI 48120-1212

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Selling Fertilizer

Wendell Minott
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Wendell Minott
Typed or printed name of signee

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OF STATE
FLORIDA
PH 1:55

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Barton Isle Fertilizer Company, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Wendell Minott

(Name)

11137 Sailbrook Dr.

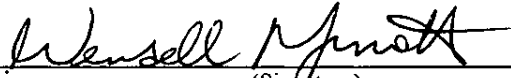
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Riverview, FL 33569

FL

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 608, Florida Statutes.



(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

2009 JAN 22 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FORM 1A
INSTRUCTIONS ON REVERSE



JAMAICA

THE COMPANIES ACT

ARTICLES OF INCORPORATION

COMPANY LIMITED BY SHARES

(Pursuant to sections 8 & 25)

1. NAME OF COMPANY

Barton Isle Fertilizer Company, Ltd. Limited

1A. COMPANY FAX NUMBER

9697161

1B. TYPE OF COMPANY

PRIVATE

PUBLIC



1C. IF THE COMPANY IS A PRIVATE COMPANY THE FOLLOWING APPLY:

(i) THE RIGHT TO TRANSFER SHARES IS RESTRICTED IN THE MANNER HEREINAFTER PRESCRIBED:

(ii) SUBJECT TO SECTION 25 (1) (b) OF THE ACT, THE NUMBER OF MEMBERS OF THE COMPANY (EXCLUSIVE OF PERSONS WHO ARE IN THE EMPLOYMENT OF THE COMPANY AND PERSONS WHO HAVING BEEN FORMERLY IN THE EMPLOYMENT OF THE COMPANY WERE IN SUCH EMPLOYMENT AND HAVE CONTINUED AFTER THE DETERMINATION OF SUCH EMPLOYMENT TO BE MEMBERS OF THE COMPANY) IS LIMITED TO TWENTY.

PROVIDED THAT WHERE TWO OR MORE PERSONS HOLD ONE OR MORE SHARES IN THE COMPANY JOINTLY THEY SHALL FOR THE PURPOSE OF THIS REGULATION BE TREATED AS A SINGLE MEMBER.

(iii) ANY INVITATION TO THE PUBLIC TO SUBSCRIBE FOR ANY SHARES OR DEBENTURES OF THE COMPANY IS PROHIBITED.

(iv) ANY INVITATION TO THE PUBLIC TO DEPOSIT MONEY FOR FIXED PERIODS OR PAYABLE ON CALL WHETHER BEARING OR NOT BEARING INTEREST IS PROHIBITED.

(v) SUBJECT TO THE EXCEPTIONS PROVIDED FOR IN THE TWELFTH SCHEDULE TO THE ACT, ANY PERSON OTHER THAN A SHARE HOLDER IS PROHIBITED FROM HAVING ANY INTEREST IN ANY OF THE COMPANY'S SHARES; AND

(vi) THE COMPANY SHALL NOT HAVE THE POWER TO ISSUE WARRANTS TO BEARERS

1D. IF A PUBLIC COMPANY STATE THE VALUE OF THE ALLOTTED SHARE CAPITAL:

N/A

2. THE REGISTERED OFFICE IS SITUATED IN JAMAICA.

3. CORE BUSINESS OF THE COMPANY

Manufacturing Fertilizer

4. THE CLASSES OF SHARES, IF ANY THAT THE COMPANY IS AUTHORIZED TO ISSUE

Common Stock (Ordinary stock) Shares

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4A. THE MAXIMUM NUMBER OF SHARES, IF ANY THAT THE COMPANY IS AUTHORIZED TO ISSUE

One Million (1,000,000)

5. RESTRICTIONS, IF ANY, ON SHARE TRANSFERS

Share are nontransferable and can be recalled anytime after five (5) years.

6. MINIMUM NUMBER OF DIRECTORS

Five (5) Three

OR

6A. MAXIMUM NUMBER OF DIRECTORS

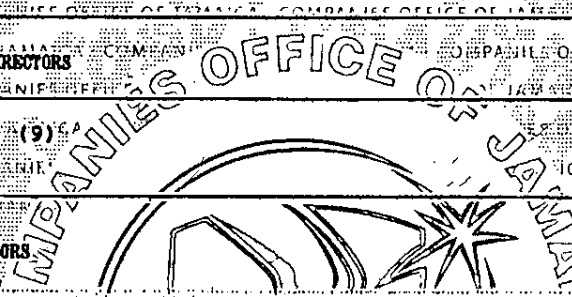
Nine (9)

6B. NAMES OF FIRST DIRECTORS

NAME(S)	RESIDENTIAL ADDRESS	OCCUPATION	CONTACT #
Wendell Minott	9 Spaulding Lane, Kgn. 5	Researcher/Educator	969-7161
Beverly Campbell	9 Lower Tunbridge Drive Kgn. 19	Librarian	830-0369
Joseph Parker	9 Spaulding Lane, Kgn. 5	Business Consultants	969-7161

6C. NAME OF FIRST COMPANY SECRETARY

NAME	RESIDENTIAL ADDRESS	OCCUPATION	CONTACT #
Beverly Campbell	9 Lower Tunbridge Drive Kington	Librarian	969-7161



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7. RESTRICTIONS, IF ANY, ON THE BUSINESS THE COMPANY MAY CARRY ON

None

7A. JUSTIFICATION OF PROPOSED NAME, WHERE APPLICABLE

N/A Barton is the location of the proposed facility.

8. THE FOLLOWING ARTICLES FROM TABLE A SHALL APPLY WITHOUT VARIATION

In accordance with (8a) the right to transfer shares which is given in the form of sweat equity are nontransferable.

8A. THE FOLLOWING ADDITIONAL ARTICLES SHALL APPLY

N/A

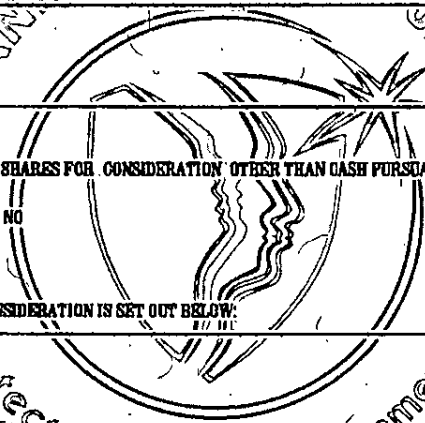
9. HAS THERE BEEN AN ALLOTMENT OF SHARES FOR CONSIDERATION OTHER THAN CASH PURSUANT TO A PREINCORPORATION CONTRACT?

YES NO

9A. THE NATURE AND VALUE OF THIS CONSIDERATION IS SET OUT BELOW:

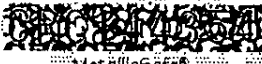
N/A

10. LIABILITY OF THE MEMBERS IS LIMITED



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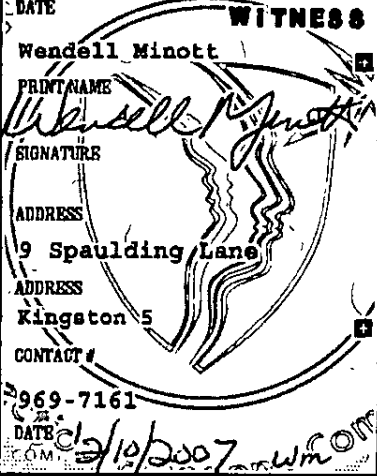


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11. SUBSCRIBERS AND WITNESSES

SUBSCRIBER	SUBSCRIBER	SUBSCRIBER
<p>Wendell Minott PRINT NAME <i>Wendell Minott</i> SIGNATURE 9 Spaulding Lane ADDRESS Kingston 5 ADDRESS Researcher/Educator OCCUPATION 510,000 NUMBER OF SHARES TAKEN 969-7161 CONTACT # 2/10/2007 DATE</p>	<p>Beverly Campbell PRINT NAME <i>B. Campbell</i> SIGNATURE 9 Lower Tunbridge Drive ADDRESS Kingston 19 ADDRESS Librarian OCCUPATION 29,000 NUMBER OF SHARES TAKEN 830-0639 CONTACT # 3/10/2007 DATE</p>	<p>Joseph Parker PRINT NAME <i>Joseph Parker</i> SIGNATURE 9 Spaulding Lane ADDRESS Kingston 5 ADDRESS Business Consultant OCCUPATION 20,000 NUMBER OF SHARES TAKEN 969-7161 CONTACT # 2/10/2007 DATE</p>
<p>Beverly Campbell PRINT NAME <i>B. Campbell</i> SIGNATURE 9 Lower Tunbridge Drive ADDRESS Kingston 19 ADDRESS 830-0639 CONTACT # October 17, 2007 DATE</p>	<p>Wendell Minott PRINT NAME <i>Wendell Minott</i> SIGNATURE 9 Spaulding Lane ADDRESS Kingston 5 ADDRESS 969-7161 CONTACT # 2/10/2007 DATE</p>	<p>Wendell Minott PRINT NAME <i>Wendell Minott</i> SIGNATURE 9 Spaulding Lane ADDRESS Kingston 5 ADDRESS 969-7161 CONTACT # 12/10/2007 DATE</p>

OFFICE OF



DATE	PRINTED NAME	SIGNATURE	CONTACT #
3/10/2007	Wendell Minott	<i>Wendell Minott</i>	9697161
<p>CAPACITY: <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> SECRETARY <input type="checkbox"/> AUTHORIZED OFFICIAL</p>			

See Schedule
See Schedule w/m

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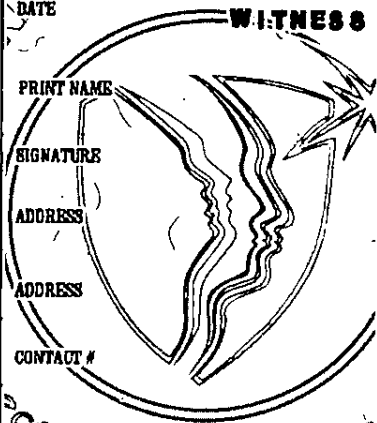
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Schedule
Schedule Continuing w/m
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11. SUBSCRIBERS AND WITNESSES

SUBSCRIBER	SUBSCRIBER	SUBSCRIBER
PRINT NAME <i>Roland Phillips</i> SIGNATURE <i>Roland Phillips</i> ADDRESS 35 Whitehall Ave Kingston 8 OCCUPATION Painter NUMBER OF SHARES TAKEN 1000 CONTACT # 871 1778 DATE 3/10/2007 1.10.07	PRINT NAME SIGNATURE ADDRESS OCCUPATION NUMBER OF SHARES TAKEN CONTACT # DATE	PRINT NAME SIGNATURE ADDRESS OCCUPATION NUMBER OF SHARES TAKEN CONTACT # DATE
PRINT NAME <i>Wendell Minott</i> SIGNATURE <i>Wendell Minott</i> ADDRESS 9 Spaulding Lane Kingston 5 CONTACT # 969 7161 DATE 3/10/2007 1.10.07	PRINT NAME SIGNATURE ADDRESS CONTACT # DATE	PRINT NAME SIGNATURE ADDRESS CONTACT # DATE



DATE	PRINTED NAME	SIGNATURE	CONTACT #
3/10/2007	Wendell Minott	<i>Wendell Minott</i>	9697161

CAPACITY:

DIRECTOR
 SECRETARY
 AUTHORIZED OFFICIAL

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Companies Office of Jamaica
1 Grenada Way, Kingston 5

Telephone: (876) 9084419 26, Fax: (876) 960-7152
www.orcjamaica.com
Email: info@orcjamaica.com

I certify the foregoing to be a true copy of

The original deposited with the

REGISTRAR on 1st day of November 2007


COMPANIES OFFICE OF JAMAICA

Dated this 21st day of January 2008