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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

SEP - 8 2009

EXAMINER

COVER LETTER

Division of Corporations	
UBJECT: BARFOLD VENTURES LLC Name of Limited Liability Company	
Name of Limited Liability Company	
he enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o xistence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida	
lease return all correspondence concerning this matter to the following:	
SCOT E BARGED Name of Person	
Name of Person	
BARGERD VENTURES, LLC Firm/Company	
Firm/Company	
4457 BURLENGION AVE N Address	
Address .	
57 PETERSOURG FL 33713 City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Scott BARFIELD at (727) 412-5051	
Scort Barrad at (727) 412-5051 Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration Section	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy	

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

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

Insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.") Company," "L.L.C," "LLC." 3. 20 - 25 43213 (FEI number, if applicable)	Ιf	ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the	 ne writt
(Date of Organization) 5. Note (Duration: Year limited liability company will cease to exist or "perpetual") 10/12-0-09 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) SHAP REDUCTION COALS LANG (Street Address of Principal Office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: Scott Brazza - 4457 Brazza Are N St Petragala (A 33713 Area Madde - 5444 Prancetor Cares Lang Sugar Hau, 6A 30518 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a unslation of the certificate under oath of the translator must be submitted.) 1. Nature of business or purposes to be conducted or promoted in Florida: Farena Contact 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	on	ent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Lia	
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an affirmation under the penalties of perjury that the facts stated herein are true.)		Similar	
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Typed or printed name of signée

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:
BARFIELD VENTURES, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
NRAT SERVICES, INC. (Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Weston FL 3333\ 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)

Control No. 0510211

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

BARFIELD VENTURES, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 02/04/2005 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 26th day of August, 2009

Karen C Handel Secretary of State

Haun CHandel

Certification Number: 4557640-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp