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SECRETARY OF STATE

J. BRYAN

MAY 1 4 2012

EXAMINER

COVER LETTER

TO: Registration So Division of Co			
SUBJECT: 15657	Marcillo, LLC		
	Name of Limit	ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
Stanley G	Green, Esq		
	•	Name of Person	
Stanley G	ireen Co. LPA		7,6 20
		Firm/Company	ECS T
17000 St.	Clair Ave.		ALLAH IN PHI
And the state of t		Address	SEE
Cleveland,	Ohio 44110		O PMR: LT
<u> </u>		y/State and Zip Code	
sgreen2822	@sbcglobal.net	for future annual report notification)	ייל
	·	·	
For further information c	concerning this matter, please	e call:	
Stanley Green		at (216) 509-1422	
Name o	f Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check for	r the following amount:		
	_	\$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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	is

Tallahassee, FL 32301

ARTICLE I - Name: The name of the Limited Liability Company is: 15657 Marcillo, 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:
4475 Dover Court #1103	4475 Dover Court #1103
Naples, Florida 34105	Naples, Florida 34105
Napies, Florida 34 103	144005, 1 101144 0-1100

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:

Linda S.	Green
	Name
20864	Gleneagles Links Dr.
	Florida street address (P.O. Box NOT acceptable)
Estero,	_{FL} 33928
	City, State, and 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Managing Member(s): Manager or Managing Member is as follows: Name and Address: Gus Nahra 4475 Dover Court #1103
MGRM	Gus Nahra
	Naples, Florida 34105
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary) LEV: Effective date, if other the	en the date of filing: (OPTIONAL
LE V: Effective date, if other that fective date is listed, the date may days after the date of filing.)	an the date of filing: (OPTIONAL ust be specific and cannot be more than five business days
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE: Signature of a reconstitutes an affirmation I am aware that any false	ust be specific and cannot be more than five business days
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE: Signature of a reconstitutes an affirmation I am aware that any false	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)