LECO181625

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| | ng Section of Corporations | | |
|--|---|---|--|
| SUBJECT: | Marshall's Fra | Limited Lability Company | |
| The enclosed Arti | eles of Organization and fee(s) | are submitted for filing. | |
| Please return all c | orrespondence concerning this | matter to the following: | |
| | Chatham 1 | Name of Person | |
| | | Firm/Company | |
| | 23 J | efferson Street Address | |
| | E-mail address: (to be us | FL 32328 City/State and Zip Code V+72YO · COM sed for future annual report notification) | |
| | non-concerning this matter, plo nom Marshall at a Name of Person | Area Code Daytime Telephone Number | |
| Enclosed is a check \$125.00 Filing Fo | ek for the following amount: ee \$130.00 Filing Fee & Certificate of Status | Certified Copy Certific (additional copy is enclosed) Certific | 0 Filing Fee, cate of Status & ed Copy al copy is enclosed) |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address New Filing Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability | Company is: | | | | |
|---|--|---|--|-----------------------------------|---------------------|
| Marsha (Must contai | U's Francia n the words "Limited Li | de LLC | , "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street add | ress of the principal off | ice of the Limite | d Liability Company is: | | |
| <u>Principal</u> | Office Address: | | Mailing Address: | | |
| 23 Jefferson Eastpoint, F | 7 Street 32328 | | 23 Jefferson Stre Eastpeint, FL323 | | |
| ARTICLE III - Registered Agen (The Limited Liability Company e another business entity with an ac | annot serve as its own R | legistered Agent | | ual or | ν, |
| The name and the Florida street ac | dress of the registered a | gent are: | | | න් සා |
| | Chatham | <u>Marsha</u> _{Name} | | | JUL 2 |
| | 23 Jeffer | son Stre | e± | | |
| Florida street address (P.O. Box NOT acceptable) | | | | | 170 |
| | Eastpoint City | FL | 32328 | Ø- \ [2] | ် က် |
| | City | State | Zip | 3. 2. | 33 |
| Having been named as registered ag place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli | hereby accept the appoi visions of all statutes rele gations of my position as | nument as registe ating to the prope oregistered agen which the | red agent and agree to act in thi. er and complete performanc <mark>e</mark> of i | s capacity. I my duties, and [| |

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR hathan (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: Signature of a member or an authorized representative of a member.

Filing Fees:

Chatham Marshall
Typed or printed name of signee

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

8 5.00 Certificate of Status (Optional)