

**L030000 28469**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

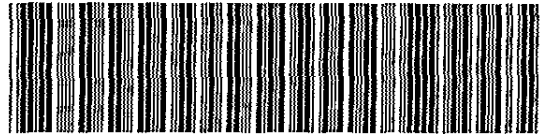
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

855, 676, 671

Office Use Only

1203-19758



300021042863

07/31/03--01033--001 \*\*25.00

07/09/03--01026--002 \*\*100.00

**FILED**

03 AUG - 1 AM 9:22

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 14, 2003

EDWIN RAY MARCO  
5984 PARADISE POINT DRIVE  
MIAMI, FL 33157-2633

SUBJECT: MARCO COL-LEE, LLC  
Ref. Number: W03000019758

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 AUG - 1 AM 9:22

FILED

We have received your document for MARCO COL-LEE, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 503A00041266

July 8, 2003

Edwin Ray Marco  
5984 Paradise Point Dr  
Miami, Fl 33157-2633

Phone: (305) 665-4411 or (305) 803-5179 Mobile

**FILED**

03 AUG - 1 AM 9:22

SECOND JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Marco Col-Lee, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edwin Ray Marco  
(Name of Person)

Marco Col-Lee, LLC  
(Firm/Company)

5984 Paradise Point Drive  
(Address)

Miami, Florida 33157-2633  
(City/State and Zip Code)

For further information concerning this matter, please call:

Edwin Ray Marco at ( 305 ) 803-5179  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**FILED**  
03 AUG - 1 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Marco Col-Lee, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

5984 Paradise Point Dr  
Miami, Florida 33157-2633

**Mailing Address:**

5984 Paradise Point Dr  
Miami, Florida 33157-2633

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Edwin Ray Marco

Name

5984 Paradise Point Dr

Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33157-2633

City, State, and Zip

**FILED**  
03 AUG - 1 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Edwin Ray Marco

5984 Paradise Point Dr

Miami, FL 33157-2633

MGRM

PATRICIA MARCO

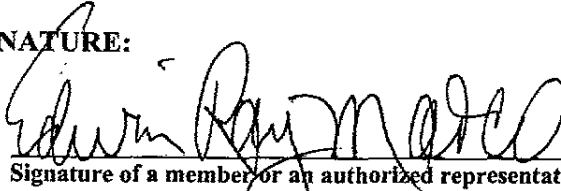
5984 PARADISE POINT DR

Miami, FL 33157-2633

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Edwin Ray Marco

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED  
03 AUG - 1 AM 9:22  
TALLAHASSEE, FLORIDA