

L03000032358

Anthony Jackson  
(Requestor's Name)

2415 Old Saint Agn Augustin Rd  
(Address)

~~###~~ #414  
(Address)

Tallahassee, FL 32301  
(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

The Marome Agency  
(Business Entity Name)

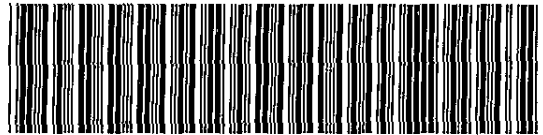
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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: The MAROMÉ Agency, LLC

## ARTICLE II - Address:

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

### Principal Office Address:

2415 Old Saint Augustine Rd #414  
TALLAHASSEE, FL 32301

### Mailing Address:

The MAROMÉ Agency  
400 CAPITAL CIRCLE SE STE 18 #217  
TALLAHASSEE, FL 32301

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

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

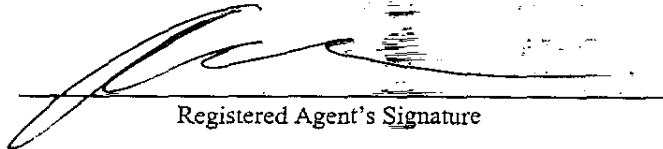
Anthony Jackson  
Name

2415 Old Saint Augustine Rd #414  
Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32301  
City, State, and Zip

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*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:**

President

Anthony Y Jackson  
2415 Old Saint Augustine Rd, #414  
Lawrenceville, GA 30046

Vice-President

April Jackson  
221 Akers Ridge Dr, #414  
Atlanta, GA 30339

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(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.)

Anthony Y Jackson  
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)