

L03 000051212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

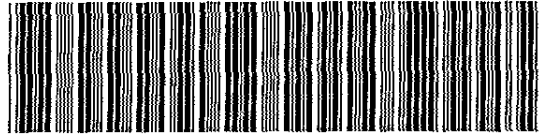
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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L03-51212  
CJL

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Marty Enfinger 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:

Marty Enfinger  
(Name of Person)

Marty Enfinger LLC  
(Firm Company)

11784 NW Glory Rd #1  
(Address)

Altus, FL 32421  
(City, State and Zip Code)

For further information concerning this matter, please call:

Marty Enfinger at ( 850 ) 762-9138  
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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**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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Marty Enfinger LLC

**ARTICLE II - Address:**

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

Principal Office Address:

11784 NW Glory Rd  
Altamonte, FL 32421

Mailing Address:

11784 NW Glory Rd  
Altamonte, FL 32421

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

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

Marty Enfinger  
Name

11784 NW Glory Rd Altamonte, FL 32421  
Florida street address (P.O. Box NOT acceptable)

Altamonte, FL 32421  
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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, Florida Statutes..*

[Signature]

Registered Agent's Signature

**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

Marty Entinger

11784 MC Lary Rd  
Altamonte, FL 32421

(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.)

Marty Entinger

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)**

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STATE OF FLORIDA  
COUNTY OF CALHOUN

Before me, the undersigned authority, personally appeared  
Marty Enfinger  
Who being duly sworn, deposes and says:

That he is the owner of 10%, or more, of the business known as  
Marty Enfinger LLC  
[Signature]

Signature

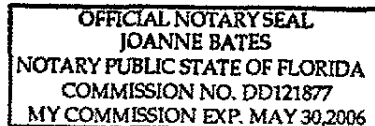
Address: 11781 NW Glory Rd  
Altamonte, FL 32421

STATE OF FLORIDA  
COUNTY OF CALHOUN

Sworn to and subscribed before me this 25 day of  
November, 2003  
By Marty Enfinger

Personally Known ☒ or Produced  
Identification \_\_\_\_\_

Type of Identification  
Produced \_\_\_\_\_



NOTARY  
SIGNATURE

Joanne Bates

My Commission  
Expires

May 30, 2006

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TALLAHASSEE, FLORIDA

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