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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARCIA OSBORNE, 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:

MARCIA OSBORNE
(Name of Person)

(Firm/Company)

3416 W. LAMBERT ST. APT. # 116
(Address)

TAMPA, FL 33614
(City/State and Zip Code)

For further information concerning this matter, please call:

MARCIA OSBORNE at (813) 932-5437
(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

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 5, 2003

MARCIA OSBORNE LLC
3416 W. LAMBRIGHT ST. APT. #116
TAMPA, FL 33614

SUBJECT: MARCIA OSBORNE LLC
Ref. Number: W03000036767

We have received your document for MARCIA OSBORNE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed is a blank copy of our form for this kind of filing. Please complete, sign, and return the form to my attention, with a copy of this letter.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 403A00065555

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 17, 2003

MARCIA OSBORNE LLC
3416 W. LAMBRIGHT ST. APT. #116
TAMPA, FL 33614

SUBJECT: MARCIA OSBORNE LLC
Ref. Number: W03000036767

We have received your document for MARCIA OSBORNE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Thank you for returning your corrected document.

The registered agent must sign accepting the designation.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 503A00067666

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Marcia Osborne, 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:

3416 W. Lumbrecht St. # 116

SAME

Tampa, FL 33614

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

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

Marcia Osborne
Name

3416 W. Lumbrecht St. # 116
Florida street address (P.O. Box **NOT** acceptable)

Tampa FLORIDA 33614
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, Florida Statutes..

Marcia Osborne
Registered Agent's Signature

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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:

MGR

Marcia Osborne
3416 W. Lambergh St. # 116
Tampa, FL 33614

MGRM

Rooney Haywood
3416 W. Lambergh St. # 116
Tampa, FL 33614

MGRM

Larry White
1821 Beachway Lane
Odessa, FL 33556

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Marcia Osborne Marcia Osborne
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.)

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)