

L040000039926

2004 MAY 20 P 2:50

SECRETARY OF STATE  
INDIANAPOLIS, IN

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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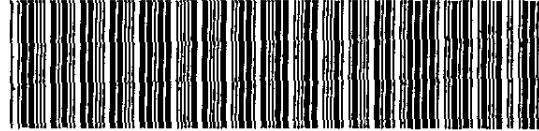
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

2004 MAY 20 P 2:50

**SUBJECT:** Marini Management LLC  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Ronald M. Marini  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

945 Dyson Drive  
(Address)

Winter Springs, Florida 32708-4517  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald M. Marini at ( 407 ) 322-9992  
(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

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

**FILED**  
2009 MAY 20 P 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Marini Management 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:**

945 Dyson Drive

945 Dyson Drive

Winter Springs, Florida 32708-4517

Winter Springs, Florida 32708-4517

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

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

Ronald M. Marini

Name

945 Dyson Drive

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

Winter Springs

FLORIDA 32708-4517

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..*

  
Registered Agent's Signature

**FILED**

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Ronald M. Marini

945 Dyson Drive

Winter Springs, Florida 32708-4517

MGR

Marcela H. Marini

945 Dyson Drive

Winter Springs, Florida 32708-4517

MGRM

Marcela Zackova

945 Dyson Drive

Winter Springs, Florida 32708-4517

MGRM

Michael J. Marini

661 Highland Drive

Altamonte Springs, Florida 32701

(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.)

Ronald M. Marini

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)**