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Special Instructions to Filing Officer:	
	<b>Å</b> 5. <b>1</b>
Office Use Only	

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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

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2501 JUN 24 P 3 49 SECRETARY OF STATE TALLAMASSET, FLORIDA

SUBJECT: <u>MANCUS</u> NEEY 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:

MARCHST. WEELY (Name of Person)		
MARCHA RECENTIC		
MARCUS NEELY LLC (Firm/Company)		
5344 SE 135th St. Summerfield		
(Address)		
Summerfield Fl. 34491		
(City/State and Zip Code)		

For further information concerning this matter, please call:

MARCHS NEELL (Name of Person)

at (352) 245-8387 (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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SECRETARY OF STATE

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

**ARTICLE I - Name:** The name of the Limited Liability Company is:

MARCHS NEELY LLC

## **ARTICLE II - Address:**

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

Mailing Address:

SAME

**Principal Office Address:** 

5344 SE 13574 st.

34491 Sumerfield Fl.

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

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

MARCHS T. NEEIY Name

<u>S344</u> SE 1357h ST-Florida street address (P.O. Box NOT acceptable)

<u>Sammer field</u> FLORIDA 34491 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

Page 1 of 2 (CONTINUED)

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ARTICLE IV- Manager(s) or Mana The name and address of each Manag	aging Member(s): 2004 JUN 24 P 3: 49 er or Managing Member is as follows ( DF STATE SECONDUMENT OF STATE
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	er or Managing Member is as follows if OF STATE SECONOMICS FLORIDA Name and Address:
MGR	MARCUS T. NEELY 5344 SE 1354h St. Summer field FL 34491
MCRM	MARCHS T. NEElY 5344 SE 135th St. Summer field El. 34491
(Use attachment if necessary)	

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

**REQUIRED SIGNATURE:** 

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 $\frac{2^{2}}{3}$  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.)

MARCUS Thank Weely Typed or printed name of signee

Filing Fees:

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- \$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)