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SEC. OF STATE
TALLAHASSEE, FLORIDA

04 JUL 20 AM 9:32

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARCRAE GROUP, 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:

C.W. HARTUNG

(Name of Person)

MARCRAE GROUP, LLC

(Firm/Company)

105 MAGNOLIA RIDGE

(Address)

CRAWFORDVILLE, FL 32327

(City/State and Zip Code)

For further information concerning this matter, please call:

C.W. HARTUNG

(Name of Person)

at (850) 926-3072

(Area Code & Daytime Telephone Number)

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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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 15, 2004

C.W. HARTLING
105 MAGNOLIA RIDGE
CRAWFORDVILLE, FL 32327

SUBJECT: MARCRAE GROUP, LLC
Ref. Number: W04000027053

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04 JUL 20 AM 9:32
TALLAHASSEE, FLORIDA

We have received your document for MARCRAE GROUP, 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 604A00045095

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: MARCRAE GROUP, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
105 MAGNOLIA RIDGE, CRAWFORDVILLE, FL
32327

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

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

C.W. HARTUNG

Name

105 MAGNOLIA RIDGE

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

CRAWFORDVILLE, FL 32327

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, F.S.

C.W. Hartung

Registered Agent's Signature

ARTICLE IV - EFFECTIVE DATE
8/1/04

(An additional article must be added if an effective date is requested)

C.W. Hartung
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.)

C.W. HARTUNG

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)