

L04000059545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

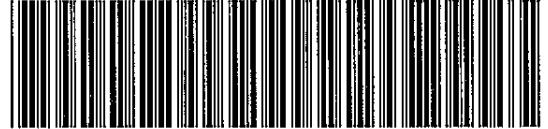
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100038729741

FILED
04 AUG 11 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BR

RECEIVED
04 AUG 11 PM 12:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 0721000000032

REFERENCE : 843959 82492A

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : August 11, 2004

ORDER TIME : 11:16 AM

ORDER NO. : 843959-005

CUSTOMER NO: 82492A

CUSTOMER: Robert Kramer, Esq
Robert E. Kramer, Esquire

Suite A-9
555 W. Granada Boulevard
Ormond Beach, FL 32174

DOMESTIC FILING

NAME: MARION REFLECTIONS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire - EXT. 2909

EXAMINER'S INITIALS: _____

FILED
04 AUG 11 04:18:07
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

FROM : ROBERT E. KRAMER, ATTORNEY AT LAW, PHONE NO. : 3866724410

Aug. 11 2004 10:27AM P2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
MARION REFLECTIONS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
13161 SW 2ND COURT, OCALA, FL 34473

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

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

ROBERT E. KRAMER, ESQUIRE

Name

555 WEST GRANADA BOULEVARD, SUITE A9

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

ORMOND BEACH

FL 32174

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.

Robert E. Kramer

Registered Agent's Signature

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

Henry Schreiber

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.)

HENRY SCHREIBER

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)

FILED
04 AUG 11 PM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA