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(Requestor's Name)

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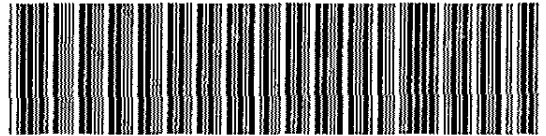
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 162247 7115944

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
05 JAN 25 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : January 24, 2005

ORDER TIME : 10:35 AM

ORDER NO. : 162247-005

CUSTOMER NO: 7115944

CUSTOMER: Mr. Michael Stoller
Law Offices Of Michael Stoller

5747 Hoback Glen Road

Hidden Hills, CA 91302

DOMESTIC FILING

NAME: MARKETING ALLIANCE SOLUTIONS,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

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

FILED
05 JAN 25 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARKETING ALLIANCE SOLUTIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

1110 BLUFFS CIRCLE

DUNEDIN FLORIDA 34698

Mailing Address:

1110 BLUFFS CIRCLE

DUNEDIN FLORIDA 34698

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

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

JOHN BRENT McDANIEL

Name

1110 BLUFFS CIRCLE

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

DUNEDIN

FLORIDA 34698

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..

JOHN BRENT McDANIEL

By: 

Registered Agent's Signature

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:

MGRM

JOHN BRENT McDANIEL

1110 BLUFFS CIRCLE

DUNEDIN FLORIDA 34690

(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.)

BY: JOHN BRENT McDANIEL

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)