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DIVISION OF COTTONATION



CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173 SAPR 28 PM 5: 16 FILING COVER SHEET ACCT. #FCA-14 **CONTACT: KATIE WONSCH** DATE: 04/28/2005 **REF. #:** <u>000174.3</u>7356 CORP. NAME: HAROLD DANIEL MARIN, LLC ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION ( ) TRADEMARK/SERVICE MARK ( ) ANNUAL REPORT ( ) FICTITIOUS NAME ( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP (XX) LIMITED LIABILITY ( ) WITHDRAWAL ( ) REINSTATEMENT ( ) MERGER ( ) CERTIFICATE OF CANCELLATION ( ) OTHER: STATE FEES PREPAID WITH CHECK#46819 FOR \$ 125.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$\_\_\_\_ PLEASE RETURN: ( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING ( XX ) PLAIN STAMPED COPY ( ) CERTIFICATE OF STATUS

Examiner's Initials

## , ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

HAROLD DANIEL MARIN, LLC

#### **ARTICLE II - Address:**

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

P	rin	cipal	Office	Address:	

**Mailing Address:** 

9407 WINDERMERE PARK CIRCLEAP

RIVERVIEW, FL 33569

9407 WINDERMERE PARK CIRCLEAP

RIVERVIEW, FL 33569

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

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

HAROLD DANIEL MARIN

Name

9407 WINDERMERE PARK CIRCLEAP

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

RIVERVIEW, FL 33569

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)

Title: "MGR"	= Manager	Name and Address:			
"MGRM	f" = Managing Member				
MODM		HAROLD DANIEL MARIN			
MGRM		9407 WINDERMERE PARK CIRCLEAP			
		RIVERVIEW, FL 33569			
	<del></del>				
(I Inn atta	-h				
(Ose attac	chment if necessary)				
NOTE:	An additional article must be added	if an effective date is requested.			
REQUIR	RED SIGNATURE:				
	Signature of a member or an authorize	ed 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.)				
	HAROLD DANIEL MARIN				
	Typed or print	ed 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)