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# 105000042399

(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
2121				
WO 189169				





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SECRETARIO STATE
ANT AHASSEE, FLORIDA

**9. Brumbley APR 2 9 2005** 

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: THE MARPLAKE COPPORATION, 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:				
JEFF MARTIN (Name of Person)				
THE MARPLAKE CORPORATION, LLC (Firm/Company)				
7528 ARLINGTON EXPRESSWAY # 419 EGR 37 29  Tacksonville, FL 32211  (City/State and Zip Code)				
Tacksonville, FL 32211  (City/State and Zip Code)				
For further information concerning this matter, please call:				
TEFF MARTIN at (904) 894 - 4258 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
STREET ADDRESS: Registration Section  MAILING ADDRESS: Registration Section				

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 14, 2005

JEFF MARTIN TE MARPLAKE CORPORATION, LLC 7528 ARLINGTON EXPWY, #419 JACKSONVILLE, FL 32211

SUBJECT: THE MARPLAKE CORPORATION, LLC

Ref. Number: W05000018969

We have received your document for THE MARPLAKE CORPORATION, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout 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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 505A00025584

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

The M	ar Plake	Enterprises, LLC	
ARTICLE II - Address:	LNospaee	ncipal office of the Limited Liability Compan	y is:
Principal Office Addres	<u>s:</u>	Mailing Address:	
7528 Arlington	=xpwy#419	4528 Attington Expust.	119
Jacksonville,	FL 32211	Jacksonville, FL 32113	五
ARTICLE III - Register	red Agent, Registered	Office, & Registered Agent's Signature:	FILED
Tille and the till th			
The name and the Florida street address of the registered agent are:  Jeff Martin			-
	Name		
	528 Arlington	Exput #419	
	Florida street addı	ess (P.O. Box NOT acceptable)	
	Tacksonville,	FL 32211	
	City, State, ar	nd 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..

Registered Agent's Signature

(CONTINUED)

## 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:			
MGR	JEFF MARTIN 7528 ARLINGTON EXPWY # 419 TACKSONVILLE, FL 32211			
<u>m GRM</u>	Katherine Martin 7528 ArlinGTON EXPLY #419 THEKSONVILLE, FL 32211			
MURM	Terrence C. Platias 3212 Wake Lily COURT Laurel, MD 20724			
	PR SECRE			
(Use attachment if necessary)	R 29 PY			
NOTE: An additional article must be added if an effective date is requested. エッシュ				
REQUIRED SIGNATURE:	ORIDA =			
M. M.				

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.)

JEFF MARTIN
Typed or printed name of signee

#### Filing Fees:

\$125.60 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)