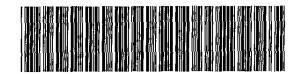
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 26,

MARCIA 3115 NV OPALO(THEA 3 LANE FL 33056

SUBJEC Ref. Nun ARCIA BETHEA : W05000021029

We have totaling { being ret

inved your document for MARCIA BETHEA and your check(s) However, the enclosed document has not been filed and is d for the following correction(s):

The name company "L.L.C."

a Limited Liability Company must end with the words "limited in the many" or their abbreviation "Ltd. Co." "L.C." or

Please re your filing your document, along with a copy of this letter, within 60 days or be considered abandoned.

If you ha (850) 245 ग्रें questions concerning the filing of your document, please देशी

Tammi C Documer

ccialist

Letter Number: 405A00028683

TRANSMITTAL LETTER

	STREET ADDRESS:	MAILING A	DDRESS:
\$125.0	ingFee ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee Certificate of Stafus & Certified Copy (additional copy is enclosed
Enclose	check for the following amount:	** *** *** ***	م مور پاست مور پاست
	(Name of Person)	(Area Code & Daytime To	elephone Number)
Marcia I		at (305) 623-0721	
For furth	inflation concerning this matter, please	call:	
	Opalocka, Florida 33056 (City/	State and Zip Code)	
	The state of the s		
	<u>-</u> 	(Address)	
	5 <u>N</u> W 203 Lane		
	· <u>• · · · · · · · · · · · · · · · · · ·</u>		
Marcia	ectalities, LLC	Firm/Company)	
		Name of Person)	
	viarcia Bethea		
Please re	1 Trespondence concerning this matter	r to the following:	
The enck	unicles of Organization and fee(s) are s	ubmitted for filing.	
		u Liability Company)	
ŚUBJEC	farcia's Specialities, LLC	d Liability Company)	
•	The corporations		
TQ:	tetion 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

	- _
ARTICI	Name:
The name	he Limited Liability Company is:
·	- MARCIA Specialities L.L.C
ARTIC	(- Address:
The mai	iddress and street address of the principal office of the Limited Liability Company is:
	\$
<u>Princip</u>	<u>Sice Address:</u> <u>Mailing Address:</u>
3115 NV	Lame 3115 NW 203 Lane
Opalock	ir da 33056 Opalocka, Florida 33056
<u> </u>	FI BEF
	
ARTI(III - Registered Agent, Registered Office, & Registered Agent's Signature:
The na	nd the Florida street address of the registered agent are:
	Marcia Bethea
	Name
	2
	≝ 3115 NW 203 Lane
	3115 NW 203 Lane Florida street address (P.O. Box NOT acceptable)
	Opalocka, Florida 33056
	City, State, and Zip
7.4	
	evin named as registered agent and to accept service of process for the above stated limited
	y company at the place designated in this certificate, I hereby accept the appointment as ligent and agree to act in this capacity. I further agree to comply with the provisions of all
	relating to the proper and complete performance of my duties, and I am familiar with and
	the obligations of my position as registered agent as provided for in Chapter 608, F.S
•	
	Registered Agent's Signature

FORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLI

(CONTINUED)

Page 1 of 2

- - -	Name and Address:
- Manager	
[' = Managing Mem	ber
.	Marcia Bethea
	3115 NW 203 Lane
	Opalocka, Florida 33056
= ;	
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chiment if necessary)
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An additional artic	cle must be added if an effective date is request
RED SIGNATURE	•
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	Man Ad
	a member or an authorized representative of a member
Signature of	ce with section 608.408(3), Florida Statutes, the execution
Signature of	ce with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjur
Signature of (In accordance of this documents)	•

S S

Filing Fee for Articles of Organization and Designation of Registered Agent

Cartifled Copy (Optional)

Cartificate of Status (Optional) \$