# 0500050940

(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	#)
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PICK-UP	☐ WAIT	MAIL
	siness Entity Name	-)
(Bu	siness Entity Name	=)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to		**
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Eric Toda Marlin LLC (Name of Limited Liability Company)		
(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:		
Eric Todd Marlin (Name of Person)		
Eric Todd Marlin		
(Firm/Company)		
22605 Vistawood Way		
(Augress)		
Boca Raton, FL. 33428 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Eric Todd Marlin at (561) 436-0521 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee Scritificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

#### STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

#### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Eric Todd Marlin LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability	Company is
Principal Office Address:  22605 Vistawood Way  Boca Raton, FL.  33429  Mailing Address:  22605 Vistawood Way  Boca Raton, FL.  33429	
The name and the Florida street address of the registered agent are:	iture:
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the apportunity agent and agree to act in this capacity. I further agree to comply with the pall statutes relating to the proper and complete performance of my duties, and I am for and accept the obligations of my position as registered agent as provided for in Chapter Manual Complete performance.	pintment as provisions of amiliar with ter 608, F.S.
Registered Agent's Signature  (CONTINUED)	OSMAY IS FILLY

Page 1 of 2

The name and address of each Manage	er or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:  Pebra Maria Campbel B15 W. Boynton Bch. Blu Hot. 14-404 Boynton Bch., FL, 33426
(Use attachment if necessary)	
NOTE: An additional article must l	be added if an effective date is requested.
REQUIRED SIGNATURE:	naula:
	r or an authorized representative of a member.
(In accordance with sect of this document constituted that the facts stated here.)	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)