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TRANSMITTAL LETTER

Division of Corporations	•
SUBJECT: Marjory T. Sassine, LLC	- A4
(Name of Limited	d Liability Company)
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Marjory Theodore Sassine	
9	Name of Person)
Marjory T. Sassine, LLC	
	Firm/Company)
779 Vantage Street	
	(Address)
Palm Bay, FL 32909	
(City.	/State and Zip Code)
For further information concerning this matter, please	call:
Michael S. Cerow, CPA	at (321) 242-2511
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
■ \$125.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certificate Opy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certificate 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

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Marjory T. Sassine, LLC	
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company is:
Principal Office Address: Mai	ling Address:
	/antage Street Bay, FL 32909
ARTICLE III - Registered Agent, Registered Offic	e, & Registered Agent's Signature:
The name and the Florida street address of the register	red agent are:
Marjory Theodore Sassine	<u>and the second of the second </u>
Name	
779 Vantage Street	on the second se
Florida street address (P.	O. Box NOT acceptable)
Palm Bay, FL 32909 FL	
City, State, and Zip	
Having been named as registered agent and to accept liability company at the place designated in this cer registered agent and agree to act in this capacity. I fur statutes relating to the proper and complete performs accept the obligations of my position as registered and line of the proper and complete performs accept the obligations of my position as registered agent's Signature.	tificate, I hereby accept the appointment as ther agree to comply with the provisions of all ance of my duties, and I am familiar with and agent as provided for in Chapter 608, F.S

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Marjory Theodore Sassine
	779 Vantage Street
	Palm Bay, FL 32909
	· · ·
	Access Control of the
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Maying.	Hew Samme
Signature of a member of	an authorized representative of a member.
(In accordance with section	n 608.408(3), Florida Statutes, the execution

of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

Marjory Theodore Sassine

Typed or printed name of signee

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)

Page 2 of 2