SECRETARY (TALLAHASSEE (Requestor's Name) (Address)	F STATE FLURIDA 500055882365
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	06/13/0501007019 **78.75
(Document Number) Certified Copies Certificates of Status	U6/21/0501030015 **81.25 j
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wos-29105

TRANSMITTAL LETTER

FILED

Registration Section TO: Division of Corporations 2005 JUN 21 P 3: 24 TOOMEY LL CSECRETARY OF STATE The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: essel at 350 746-1707 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

STREET ADDRESS:

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

Certificate of Status

MAILING ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY? 4

ARTICLE I - Name:
The name of the Limited Liability Company is:

MARIE TOOMEY LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

4804 N PINK PAPY DR

Devector Hills FL. 3446

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

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

Name

10 N Melbourne ST

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

Severy Hills 3446)

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, F.S..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): FILED The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager 2005 JUN 21 P 3: 24 "MGRM" = Managing Member SECRETARY OF STATE TALLAHASSEE, FLORIDA (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: 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

Filing Fees:

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

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee