# Florida Department of State

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CECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

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Fax Number : (850) 205-0383

From:

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# LIMITED LIABILITY COMPANY

marie p denson, llc

AL

Certificate of Status	0
Certified Copy	1
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## ARTICLES OF ORGANIZATION

# FOR FLORIDA LIMITED LIABILITY COMPANY -2 A 11:09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - Name of Limited Liability Company:

### MARIE P DENSON, LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: 5555 IDEAL HOLDING ROAD

City, State & Zip: FT. PIERCE, FL 34987

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

### Name

### MARIE P DENSON

Address (P.O. Box NOT Acceptable)

### 5555 IDEAL HOLDING ROAD

City, State, Zip

### FT. PIERCE, FL 34987

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

Date 08/02/2005

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1.

2.

MarRD

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.

### MARIE P DENSON

Typed or printed name of signee