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(Re	equestor's Name)	
(Ac	ddress)	
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(0)	ity/State/Zip/Phone #	<u>a</u>
PICK-UP	WAIT	MAIL
	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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		<u>,,</u>

Office Use Only



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06 FEB - 2 AMII: 57

J. BRYAN FEB - 2 2006

COVER LETTER

TO: Registration Se Division of Co		in.	
SUBJECT: M	arilyn Co	atings L d Liability Company)	<u>LC</u>
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
_ Kyle	RayRocky)ell Name of Person)	
	narlin Co	atings	SECONE FEB
	(Firm/Company)	75-2
20598	2 Little Bour	rdet Drive	SEX 至
Tall	ahassee footby	(Address) -1 32310 (State and Zip Code)	F. STATE
For further information	concerning this matter, please	call:	
Kyle on M	ark of Person)	at (<u>850</u>) <u>609 U</u> (Area Code & Daytime To	1-1978 elephone Number)
Enclosed is a check fo	or the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporation Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	DE FEB
Marlin Coatings 1	LC SEC Z
(Must end with the words "Limited Liability Company, "Limited ARTICLE II - Address: The mailing address and street address of the printing address and street address."	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2059 à Little Bandit Dr. Tallahasse F. 32310	20592 Little Bandet Dr. Tallahassee Fl. 32310
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
205922144 Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Tallahassa City, State, an	FL 33310 d Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
Degistand A gent's Signatur	(DEOLIDED)

(CONTINUED)
Page 1 of 2

	Manager(s) or Manaddress of each Manag	aging Member(s): ger or Managing Member is as follows:	DEFER-
Title:		Name and Address:	55 P
"MGR" = Manag	zer		第0 至
"MGRM" = Man			70 7
~ MGRM-	.	V > 0 × U	
<u></u>	=100 - ·	kyle Kockwell	
	•	20592 Cittle Day	10111111111111111111111111111111111111
		-lavanasse +1.	36310
			
			·
			
			
(Use attachment	if necessary)		
	sted, the date must b	e date of filing: e specific and cannot be more than fiv	
REQUIRED SIG	GNATURE:		
	/	1 Dochal	
	K.	I fackur I	
'		er or an authorized representative of a mem	ber.
	(In accordance with sec	ction 608.408(3), Florida Statutes, the execution	38
	of this document const	itutes an affirmation under the penalties of per	jury
	that the facts stated h	nerein are true	
	#	Le Focking/1	
	Тy	ped or printed name of signee	
Filing Fees:	<u>:</u>		
\$125.00 Filing I	Fee for Articles of Orga	nization and Designation	
of Reg	istered Agent		
	ed Copy (Optional)	n	
\$ 5.00 Certific	cate of Status (Optional	·)	

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