

L060000052955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

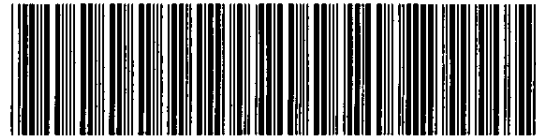
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



600074176076

**EFFECTIVE DATE**  
05-10-06

05/12/06--01044--022 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY 12 PM 12:36

B. McKnight MAY 23 2006

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Marshall-Carter & Carter LLC  
(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:

Mary I Marshall-Carter CEO  
(Name of Person)

Marshall-Carter & Carter LLC  
(Firm/Company)

429 SE 13th Terrace  
(Address)

Gainesville Florida  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Marshall-Carter at ( 352 ) 505 6982  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
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:

**EFFECTIVE DATE**  
05-10-06

Marshall-Carter & Carter LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

429 SE 13th Terrace

Gainesville, Florida 32641

### Mailing Address:

PO Box 141145

Gainesville, Florida 32614-1145

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Clara S Graham

Name

208 NE 46th Terrace

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

Gainesville

FL 32641

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR / CEO

Mary I Marshall-Carter

429 SE 13th Terrace

Gainesville, FL 32641

MGRM

Thomas H Carter Sr

429 SE 13th Terrace

Gainesville, FL 32641

MGRM

Monika L Clayton

429 SE 13th Terrace

Gainesville, FL 32641

MGRM

Desha J Marshall

429 SE 13th Terrace

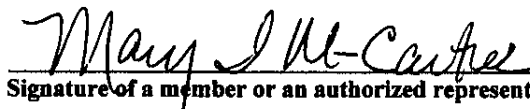
Gainesville, FL 32641

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: May 10, 2006 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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 that the facts stated herein are true.)

Mary I Marshall-Carter

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)**