LOODS 67497

•		
(Re	equestor's Name)	
(Ac	ldress)	·
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300076930693

07/05/06--01028--010 **155.00

SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

LLC

TO: Registration Section Division of Corporations
SUBJECT: Maracel Systems + Software Technologies, (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:
Bonnie J. Ditto (Name of Person)
Maracel Systems + Software Technologies, LLC (Firm/Company)
917 Marace/ Loop (Address)
Crestview, FL 32536 (City/State and Zip Code)
For further information concerning this matter, please call:
Richard Weeks at (850) 758-1832 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& Certificate of Status \$\bigcup \\$155.00 Filing Fee \& Certificate of Status \$\bigcup \\$Certified Copy (additional copy is enclosed) \$\bigcup \\$Certified Copy (additional copy is enclosed) \$\bigcup \\$\bigcup \\$\bigcu
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301 Clifton Building Tallahassee, FL 32301 Clifton Building Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Maracel 515+ems 4 (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company,	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
917 Maracel Loop Crestview, FL 32536	917 Maracel Loop Crestview, FL 32536
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Bonnie J.	Ditto SECRE
917 Marace	Loop JARY
Florida street a	ddress (P.O. Box NOT acceptable)
((est View) City, State	<u>FL </u>

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Bonnie J. Ditto 917 Maracel Loop Crestview, FL 32536
MGRM	Richard Weeks 923 Maracel Loop Crestriew, FL 32536
MGRM	Charles M. Ditto 917 Maracel Loop Crestview, FL 32536
(Use attachment if necessary)	
	nan the date of filing: (OPTION must be specific and cannot be more than five business da

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

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)