

L060000081770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

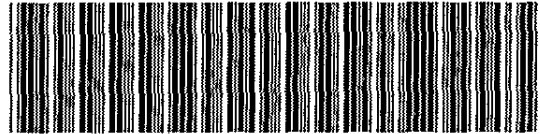
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W06-3554/

Office Use Only



800078490708

08/11/06--01005--005 **78.75

08/18/06--01027--003 **51.25

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG 17 PM 1:29

J. BRYAN AUG 18 2006

EAGER-1 MARKETING INC.

August 16, 2006

Loria Poole
Document Specialist, New Filing Section
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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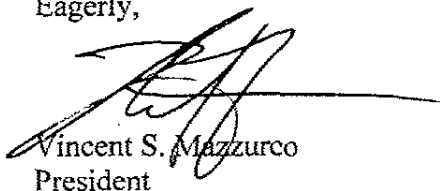
RE: FIRST FIDELITY FINANCIAL GROUP OF MARION COUNTY, LLC
Ref. Number: W06000035541

Dear Ms. Poole:

Enclosed is a copy of your letter dated August 11, 2006 regarding the above referenced company. I inadvertently used the incorrect filing form for this type of entity. I have also enclosed the correct filing forms along with a check in the amount of \$51.25 which, along with the previous check of \$78.75, fulfills the required fee.

If you have any questions, please do not hesitate to contact me at (352)624-2100 x210.

Eagerly,


Vincent S. Mazzurco
President

VSM/djb

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2006

VINCENT S MAZZURCO
P.O. BOX 1060
OCALA, FL 34478

SUBJECT: FIRST FIDELITY FINANCIAL GROUP OF MARION COUNTY, LLC
Ref. Number: W06000035541

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We have received your document for FIRST FIDELITY FINANCIAL GROUP OF MARION COUNTY, LLC. However, the document has not been filed and is being returned for the following:

Complete article II, also delete the LLC from the corporate name, and used one listed below. LLC is only used when filing a Limited Liability Company.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filing Section

Letter Number: 506A00049998

12500-7

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST FIDELITY FINANCIAL GROUP OF MARION COUNTY, 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:

VINCENT S MAZZURCO

(Name of Person)

FIRST FIDELITY FINANCIAL GROUP OF MARION COUNTY, LLC

(Firm/Company)

PO BOX 1060

(Address)

OCALA, FL 34478-1060

(City/State and Zip Code)

For further information concerning this matter, please call:

VINCENT S MAZZURCO at (352) 624-2100 ext 210
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIRST FIDELITY FINANCIAL GROUP OF MARION COUNTY, 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:

2935 SE 58TH AVENUE #2
OCALA, FL 34471

Mailing Address:

PO BOX 1060
OCALA, FL 34478-1060

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:

VINCENT S MAZZURCO

Name

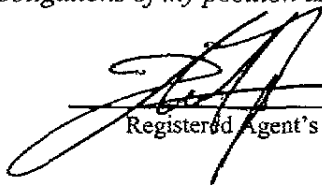
2935 SE 58TH AVENUE #2

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

OCALA, FL 34471

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)

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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

VINCENT S MAZZURCO

PO BOX 5669

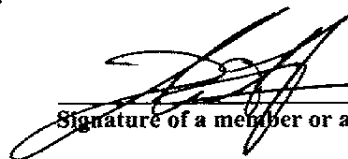
OCALA, FL 34478-5669

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

VINCENT S MAZZURCO

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)