(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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## **COVER LETTER**

10: Registration Sec Division of Con		•	*	
SUBJECT: Marketii	ng Unlimited, LLC (Name of Limite	Liability Company's		
many transfer of the Miles of the		، چونون چون کې د کې د		
The enclosed Articles of	Organization and fee(s) are so	ibmited for ming.		
Please return all correspo	ondence concerning this matte	to the following:		
Michael Mu	rgio			
Activities and the second seco	()	Name of Person)		*
manyees white are proposed and all the free special billions.		Firm Company)		<del></del>
10130 Nor	thlake Blvd. Suite	214 - 244		
101301401	allows Divo. Odio	(Address)	The state of the s	
			•	
West Pain	Beach, FL 33412			
	(City	State and Zip (Tode)		
For further information	concerning this matter, please	call.		
		•		
Michael Murgio		a, 561 775-999		٠
(Name	of Person)	(Area Code & Daytime T	elephone Number)	
Unclosed is a check fo	r the following amount:			
☑ \$125.00 Tilling 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	Street/Courier Addre Registration Section	<u>ss</u>	

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

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:
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: Mailing Address:
10130 Northlike Blud Same
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:
Anthony Murrio
Name
10130 Northlate Blid Site 214-29 Florida street address (P.O. Box NOT acceptable)
Vent Pala Beacher 33412 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
Politicard Court's Signature (PEOLIDED)
Registered Agent's Signature (REQUIRED)  ASSET OF STATE O

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	Anthony Murgio a 1618 Rivathise Rig Vetpila Brach FL 3341
<u> </u>	manus <u>marine qual marine de la companya del companya del companya de la companya</u>
(Use attachment if necessary)	
TICLE V: Effective date, if other than effective date is listed, the date in or 90 days after the date of filing.)	nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a	member or an authorized representative of a member.
(In accordance vo of this documen	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury

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)