

107000025792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

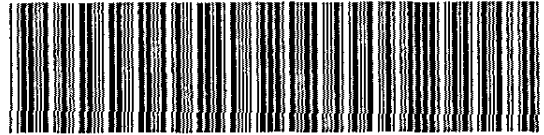
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200090575382

03/07/07--01032--034 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 MAR - 7 PM 12:06

FILED

38  
[Signature]

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Marigold Group, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Franz C. Jobson, Esquire  
THE JOBSON LAW FIRM, PLLC  
19 West Flagler Street, Suite 620  
Miami, FL 33130

For further information concerning this matter, please call:

Franz C. Jobson, Esquire at (305) 416.077

Enclosed is a check for the following amount: \$160.00 Filing Fee, Certificate of Status & Certificate of Good Standing  
Copy (additional copy is enclosed)

FILED  
07 MAR -7 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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  
OF  
MARIGOLD GROUP, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is Marigold Group, LLC, ("company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:

19 West Flagler Street, Suite 620  
Miami, Florida 33130

Mailing Address:

19 West Flagler Street, Suite 620  
Miami, Florida 33130

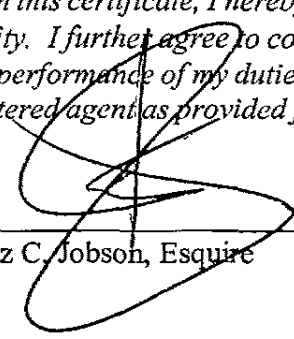
FILED  
07 MAR - 7 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Franz C. Jobson, Esquire  
19 West Flagler Street, Suite 620  
Miami, Florida 33130

*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..*

  
\_\_\_\_\_  
Franz C. Jobson, Esquire

#### ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

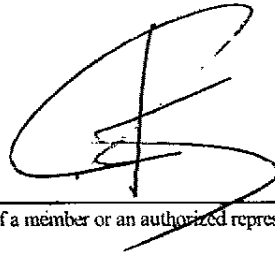
Loreen Williams  
C/O Jobson Law Firm, PLLC  
19 West Flagler Street, Suite 20  
Miami, Florida 33130

FILED  
07 MAR -7 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#### ARTICLE V - INDEMNITY

The Limited Liability Company shall indemnify its members, employees, and agents to the fullest extent permitted by law.

**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.)

Franz C. Jobson

\_\_\_\_\_  
Typed or printed name of signee

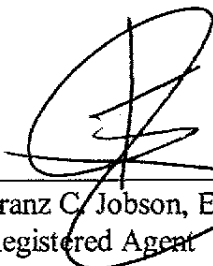
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY Marigold Group, LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is Marigold Group, LLC.
2. The name and the Florida street address of the registered agent and office are  
Franz C. Jobson, Esquire  
19 West Flagler Street, Suite 620, Miami, Florida 33130 (Post office box is NOT acceptable.)

07 MAR - 7 PM 12:06  
FILED  
SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

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, Florida Statutes.

  
\_\_\_\_\_  
Franz C. Jobson, Esquire  
Registered Agent