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(Re	equestor's Name)	
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2000 HAR 13 PM 1: 26 SECRETARY OF STATE

T. CLINE
MAR 14 2008
EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT: Marm	or Management So	olutions LLC	
	(Name of Limit	ted Liability Company)	
	of Organization and fee(s) are	_	
Bonnie C	. Marmor		
		(Name of Person)	
Marmor N	Management Solut	ions LLC	
		(Firm/Company)	
1775 Cas	satt Drive		
,		(Address)	
Tallahass	see, FL 32317		
For further information	n concerning this matter, pleas	ty/State and Zip Code) se call:at (850 656 - 9	9307
·	e of Person) For the following amount:	(Area Code & Daytime	JOB HAR SECRET
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	(additional copy, is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle
•	•		

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:		•	
The mailing address and street address of	the principal office of the Limited Liability	y Company is:	
Principal Office Address:	Mailing Address:		
1775 Cassatt Drive	1775 Cassatt Drive		
Tallahassee, FL 32317	Tallahassee, FL 32317		
		IR 13	
Bonnie C. Marm	<u> 10r </u>	TOP P	
	Name	HEST TO	
1775 Cassatt D	rive	PH 1: 26 PH 5TATE PF. FLORIDA	
1775 Cassatt D	Name rive rect address (P.O. Box <u>NOT</u> acceptable)	: 26 JRIDA	
1775 Cassatt D	reet address (P.O. Box NOT acceptable)	: 26 JRIDA	

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

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Bonnie C. Marmor 1775 Cassatt Drive Tallahassee, FL 32317 (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.)

Filing Fees:

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

Bonnie C. Marmor

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

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

Typed or printed name of signee