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EXAMINER



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FILED

COVER LETTER

	istration Section sion of Corporations	
SUBJECT:	Marlin Gl	ass, LLC
SCHOLET.	(Name of Limited L	iability Company)
The enclosed	Articles of Organization and fee(s) are subr	nitted for filing.
Please return	all correspondence concerning this matter to	the following:
	Jame	s Blaisdell
	(Nar	ne of Person)
	Bear Construct	ion and Design, LLC
	(Fin	m/Company)
	267 John Ki	nox Rd. Ste. 110
		Address)
	Tallahass	ee, FL 32303
	(City/Sta	ite and Zip Code)
For further in	formation concerning this matter, please cal	l:
	James Blaisdell	850 591-3729
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a	a check for the following amount:	
⊿\$ 125.00 Fil	Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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

A

	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Com	ipany is:
Marli	n Glass, LLC
	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
267 John Knox Rd. Ste. 110	267 John Knox Rd. Ste. 110
Tallahassee, FL 32303	Tallahassee, FL 32303
business entity with an active Florida registration.) The name and the Florida street address	
267 John	Knox Rd. Ste. 110
	street address (P.O. Box NOT acceptable)
	assee, FI 32303
· · · · · · · · · · · · · · · · · · ·	ty, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position. A Black	t and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

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" = Man	Name and Address:
	anaging Member
MGRM	James Blaisdell
	267 John Knox Rd. Ste. 110
	Tallahassee, FL 32303
MGRM	Edwin Hillers
	267 John Knox Rd. Ste. 110
	Tallahassee, FL 32303
MGRM	Jenniter Gagen
	267 John Khax Rd. Str. 110
	Tallahassee, FL 32303
(Use attachmer	it if necessary)
LE V: Effectiv	e date, if other than the date of filing: (OPTIONA
	e date, if other than the date of filing: (OPTIONA isted, the date must be specific and cannot be more than five business day
LE V: Effectiv	e date, if other than the date of filing: (OPTIONA isted, the date must be specific and cannot be more than five business day
LE V: Effective factive date is leading to the days after the	e date, if other than the date of filing: (OPTIONA isted, the date must be specific and cannot be more than five business day date of filing.)
LE V: Effectiv	e date, if other than the date of filing:
LE V: Effective fective date is leading to the days after the	e date, if other than the date of filing: (OPTIONA isted, the date must be specific and cannot be more than five business day date of filing.)
LE V: Effective factive date is leading to the days after the	e date, if other than the date of filing:

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)