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SECRETARY OF STATE

D. BRUCE FEB 6 2009 EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJ	ьст. Mario	n Properties & D	evelopme	ent. LLC.	
SUBJ	ECI:		ed Liability Comp.	<del></del>	<del> </del>
The er	nclosed Articles o	f Organization and fee(s) are s	submitted for filin	g.	
Please	return all corresp	ondence concerning this matte	er to the following	g:	
	Diane W	/. Viegbesie			
			Name of Person)		
			, 		
		•	(Firm/Company)		
	P.O. Box	607 (mailing)		Barineau Roa	d (street)
			(Address)		200 860 90
	Havana,	Florida 32333			ARE TO T
		(City	/State and Zip Code	:)	-5 ARY ASSE
For fu	ther information	concerning this matter, please	call:		
Dia	ne W. Vie	nhesie	850	, 539-6690	I: LI
Dia		of Person)	. ai (	e & Daytime Telephone Nur	nber)
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		or the following amount:	<b></b>		
<b> \$</b> 125	.00 Filing Fee	✓\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional copy	py Certific y is enclosed) Certifie	Filing Fee, ate of Status & d Copy al copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Circle ee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company	is:			
Marion Propert & Develop	ment, LLC. ability Company, "L.L.C.," or "LLC.")	<del></del>		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Li	ability Company is:		
Principal Office Address:	Mailing Address:			
989 Ames Barineau Road Havana, Florida 32333	Post Office Box 607 Havana, Florida 32333	<del></del>		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's gistered Agent. You must designate an indivi	Signature:		
The name and the Florida street address of th	e registered agent are:	09 TALI		
	Diane W. Viegbesie	FILED  09 FEB - 5 AM II: 47  SECRETARY OF STATE ALLAHASSEE. FLORID		
Nar .	ne	-5 AR)		
989 Ames Barine		Eg a m		
<u> </u>	address (P.O. Box <u>NOT</u> acceptable)			
Havana, Florida	32333	AM II: 47 OF STATE E. FLORID,		
City, State	e, and Zip	<b>A</b>		

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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manage "MGRM" = Mana MGRM		
VGRM	aging Member	
		Diane W. Viegbesie
	<b></b>	Post Office Box 607
		Havana, Florida 32333
MGRM		Patrick M. Watkins
	_	Post Office Box 607
		Havana, Florida 32333
-		
fective date is list	ed, the date must b	e date of filing: (OPTION)  ne specific and cannot be more than five business da
days after the dat		
days after the dat	SNATURE:	
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REQUIRED SIG	Signature of a member (In accordance with see of this document const that the facts stated h	er or an authorized representative of a member oction 608.408(3), Florida Statutes, the execution attitutes an affirmation under the penalties of perjugation are true.)
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REQUIRED SIG Filing Fees: \$125.00 Filing Fe	Signature of a member of this document const that the facts stated had been been been been been been been bee	er or an authorized representative of a member of a me