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Special Instructions to Filing Officer:

A. LUNT

JUN 2 2 2009

EXAMINER

Office Use Only



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COVER LETTER

SUBJECT:	Marilyn Kay Associates LLC	
	Name of Limited Liability Company	
The enclosed Artic	les of Organization and fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	Marilyn Kay	1s 3
	Name of Person	ECK S
	Marilyn Kay Associates LLC	N IS
	Firm/Company	2009 JUN 19 PM 2:51 SECRETARY OF STATI
	1513 N. 46th Ave	F ST
	Address	REFE
	Hollywood, FL 33021	<i>></i>
	City/State and Zip Code	
	Marilynkay1@live.com E-mail address: (to be used for future annual report notification)	
For further informa	tion concerning this matter, please call:	
	Marilyn Kay at (954) 367-5758 ame of Person Area Code & Daytime Telephone Number	
Enclosed is a chec	ck for the following amount:	
∑ \$125.00 Filing Fe	ee \$\int_\$130.00 Filing Fee & \$\int_\$\$155.00 Filing Fee & \$\int_\$\$160.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified C (additional co	of Status &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 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 Compar	ny is:			
Marilyn Kay A	Associates LLC Liability Company," "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of t	he principal office of the Limited	Liability C	Compa	ny is:
Principal Office Address:	Mailing Address:			
1513 N 46th Ave	1513 N 46 Ave			
Hollywood, FL 33021	Hollywood, FL 33021	•		
1513	Registered Agent. You must designate an in the registered agent are: rilyn Kay Name N. 46th Ave		other 2009 JUN 19 PM	FILED
	(P.O. Box <u>NOT</u> acceptable)	REATE	2: 50	
	302 <u>1</u> FL ate, and Zip	>>		
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby accep pacity. I further agree to comply w te performance of my duties, and I	t the appoin ith the prov am familia	itment visions r with	as of all and

(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" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:	
MGR		Marilyn Kay 1513 N. 46 Ave Hollywood, FL 33021	
		TÁLLO AH	
		SSEE, FLO	PH 2
(Use attachment if necessary)			>
		e date of filing:	
LE V: Effective fective date is li days after the c	e date, if other than th isted, the date must l date of filing.)	e date of filing: (OP be specific and cannot be more than five busin	TIONA
LE V: Effective ffective date is li days after the c	e date, if other than th isted, the date must l date of filing.) IGNATURE:	e date of filing: (OP	TIONA
LE V: Effective	e date, if other than th isted, the date must ldate of filing.) IGNATURE: Signature of a memb	be specific and cannot be more than five busing the specific and cannot be more than five busing the presentative of a member. Section 608.408(3), Florida Statutes, the execution estitutes an affirmation under the penalties of perjury	TIONA
LE V: Effective ffective date is li days after the c	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member of this document contract the facts stated here.	be specific and cannot be more than five busing the specific and cannot be more than five busing the presentative of a member. Section 608.408(3), Florida Statutes, the execution estitutes an affirmation under the penalties of perjury	TIONA

of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)