10000025604

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(6	ity/State/Zip/Phone	- f 0
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



300170849293

03/08/10--01056--023 **160.00

B. KOHR

MAR 1 0 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	DECT: Marsh Landing Adventures L.L.C.	
	Name of Limited Liability Company	
The er	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	James Caroll Passmore	6 Y
	Name of Person	10 HAR -8
	Firm/Company	
	2500 Cherokee Road	2
	Address	
	Saint Cloud Florida 34772	
	City/State and Zip Code	
	jpassmore1@cfi.rr.com E-mail address: (to be used for future annual report notification)	
For fu	rther information concerning this matter, please call:	
Jan	Name of Person at (407) 572-3561 Name of Person Area Code & Daytime Telephone Number	
Enclo	sed is a check for the following amount:	
□\$ 125	5.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (additional copy is enclosed) Certificate of Status 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARSH LANDING ADVENTURES L.L.C.

(Must end with the words "Limited 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:	
2500 Cherokee Road	1495 Riviera Dr.	
Saint Cloud Florida, 34772	Kissimmee Florida. 34744	_

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

James Card	oli Passmore
	Name
1495 Rivie	ra Dr.
•	Florida street address (P.O. Box NOT acceptable)
Kissimmee	FL 34744
	City, State, and Zip

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..

egistered 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:

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.)	"MGR" = Manager "MGRM" = Managing	Member	Name and Address:
1495 Riviera Dr.	MGR M		James Caroll Passmore
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			Kissimmee Florida 34744
CLE V: Effective date, if other than the date of filing:	MGRM		
CLE V: Effective date, if other than the date of filing:			Tetramon Et 11
CLE V: Effective date, if other than the date of filing:			
CLE V: Effective date, if other than the date of filing:			
CLE V: Effective date, if other than the date of filing:			j
CLE V: Effective date, if other than the date of filing:	• /		
CLE V: Effective date, if other than the date of filing:	<i>;</i>		
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.)		•	/ .
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.)	(Use attachment if nec	essary)	when he was
(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.)	CLE V: Effective date, i	fother than the date	of filing: (OPTIO
of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	CLE V: Effective date, i effective date is listed, the days after the date of REQUIRED SIGNAT	f other than the date the date must be specifiling.)	e of filing: (OPTIO
	CLE V: Effective date, i effective date is listed, the days after the date of REQUIRED SIGNAT	f other than the date the date must be specifiling.)	e of filing: (OPTIO
James Caroli Passmore	CLE V: Effective date, i effective date is listed, the days after the date of Signal (In ac of this	f other than the date the date must be specifiling.) URE: ture of a member or a cordance with section a document constitutes	e of filing: (OPTIO ecific and cannot be more than five business of an authorized representative of a member. 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury

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)