

L10000034528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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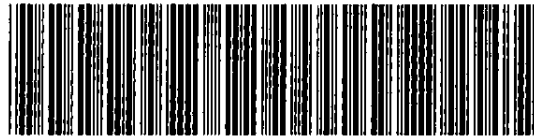
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 30 2010

EXAMINER

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TARA'S TREASURES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TARA LEE MARRINER
(Name of Person)

(Firm/Company)

1918 SE OXMOOR TERRACE
(Address)

PORT ST LUCIE, FL 34952
(City/State and Zip Code)

For further information concerning this matter, please call:

TARA LEE MARRINER at ⁷⁷²~~(954)~~ 209-2628*
(Name of Person) Area Code & Daytime Phone

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET ADDRESS
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

TARA'S TREASURES, 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:

1918 SE OXMOOR TERRACE

SAME

PORT ST LUCIE, FL 34952

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

TARA LEE MARRINER

Name

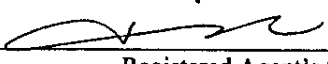
1918 SE OXMOOR TERRACE

Florida street address (P.O. Box **NOT** acceptable)

PORT ST LUCIE, FLORIDA 34952

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.


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

TARA LEE MARRINER
1918 SE OXMOOR TERRACE
PORT ST LUCIE, FL 34952

MGRM

AL MORRISSEAU
224 88TH STREET
CORAL SPRINGS, FL

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

TARA LEE MARRINER

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA