

L10000055617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000179954320

05/21/10--01007--010 **125.00

FILED
10 MAY 21 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAY 24 2010

EXAMINER

May 13, 2010

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

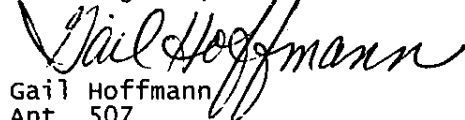
Good Day,

SUBJECT: ARTICLES OF ORGANIZATION AND DESIGNATION OF REGISTERED AGENT

Please find enclosed the subject documentation along with a check for the \$125 filing fee.

Thank you very much for your prompt attention to this matter.

Best Regards,



Gail Hoffmann
Apt. 507
14505 Audubon Trace
Tampa, FL 33613
ghoffmann2@tampabay.rr.com
813-230-4755

gh
enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARKETOPIA, LLC

(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:

14505 Audubon Trace Apt 507
Tampa FL 33613

Mailing Address:

14505 Audubon Trace Apt 507
Tampa FL 33613

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:

Gail Hoffmann

Name

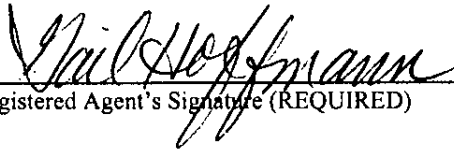
14505 Audubon Trace Apt 507

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

Tampa FL 33613

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
10 MAY 21 PM 4:37
CLERK OF STATE
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

Gail Hoffmann

14505 Audubon Trace Apt 507

Tampa

FL

33618

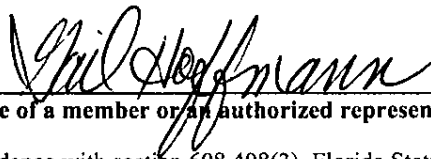
FILED
10 MAY 21 PM 4:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Gail Hoffmann

Typed or printed name of signee

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)