## L10000090777

(Req	uestor's Name)	
(Add	lress)	<del></del>
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificate:	s of Status
Special Instructions to F	iling Officer:	
	r. '	

Office Use Only



900184671849

Effective Date 08/23/10

08/27/10--01008--012 \*\*130.00

FILED

10 AUG 27 PM 3: 18
SECNETARY OF STATE
TALL AHASSEE ELOPINA

J. BRYAN

AUG 3 0 2010

**EXAMINER** 

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: MRL M	arketing, LLC		
SOBOLCI.		ed Liability Company	<del></del>
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
Lori S. Newn	nan		
<del>, , , , , , , , , , , , , , , , , , , </del>		Name of Person	
MRL Marketi	ng, LLC		TALL TALL
		Firm/Company	PAR ENT
12042 Grand	Lakes Drive		ASSEE.
**************************************		Address	.T.O. 22 C
Jacksonville,	Florida 32258		3: - 
	Cit	y/State and Zip Code	A COLOR
mrlmarketing	ilc@bellsouth.net		
	E-mail address: (to be used t	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Lori S. Newman		at ( 904 )635-8662	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, 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 C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	15 6
	FG = n
MRL Marketing, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
	His PO
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company in
Detectors Office Address	
Principal Office Address:	Mailing Address:
12042 Grand Lakes Drive	12042 Grand Lakes Drive
Jacksonville, Florida 32258	Jacksonville, Florida 32258
business entity with an active Florida registration.)  The name and the Florida street address of the re  Lori S. Newman	egistered agent are: Effective Date 08 23 10
EOIT O. MOMINIAN	
Name	······································
Name	
Name 12042 Grand Lakes Drive	
12042 Grand Lakes Drive	ress (P.O. Box <u>NOT</u> acceptable)
12042 Grand Lakes Drive	ress (P.O. Box <u>NOT</u> acceptable)
12042 Grand Lakes Drive Florida street addi	· · ·

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

Title:		Name and Address:
"MGR" = Manag "MGRM" = Man	•	
MGRM		Lori S. Newman
	<del></del>	40040 O 41 -1 D-1-
		Jacksonville, Florida 32258
		<b>1</b>
MGRM	<del></del>	Mark A. Newman
		12042 Grand Lakes Drive
		Jacksonville, Florida 32258
		P. C.
	<del></del>	<u> </u>
	_	
(Use attachment i	if necessary)	
		August 22, 2010
		e date of filing: August 23, 2010 (OPTIONAL
rrective date is list days after the da	-	be specific and cannot be more than five business days
, uays amer me ua	ite of ming.)	
-		
•		
REQUIRED SIG	GNATURE:	
·	GNATURE:	
·	GNATURE:	
·		
·		per of an authorized representative of a member.
•	Signature of a memb	per of an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Lori S. Newman

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee