## L10000107357

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SECRETARY OF STATE
FALLAHASSEE, FLORIO

D. BRUCE

OCT 14 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registr避ion Section Division of Corporations
SUBJECT: Marguest Purall, 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:
Margaret Purclu Name of Person
Mary met Parall, UC  Firm/Company
3046 Lalle Shure Blud
Jacksmulle, FL 322W
City/State and Zip Code
PURCEMA Q COM Che St, NUT  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Margamer Purul, 904, 387 4650  Name of Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigs\tag{\text{\$155.00 Filing Fee & }}\$160.00 Filing Fee; \$\circ{\text{Certificate of Status}}\$\$  Certificate of Status \$\circ{\text{Certified Copy}}{\text{(additional copy is enclosed)}}\$\$  Certified Copy \$\circ{\text{Certified Copy}}{\text{(additional copy is enclosed)}}\$\$  The status \$\text{Ce
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:
(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:
3046 Lake ShureBlid Same
377W
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:
Margaret 12 Purcus 30 Me Lake Shore But
Name
30 Me Lake Shirle Block
Florida street address (P.O. Box NOT acceptable)
Judismulle FL 322N
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.

(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: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Margures Purel 3006 D'alle Shore Bruze Jackson Me Fl 32200
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)  e specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
<b>REQUIRED SIGNATURE:</b>	
Mara	acr & Puceu
	er or an authorized representative of a member.
constitutes an affirmation unde I am aware that any false infor	3.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.  mation submitted in a document to the Department of State y as provided for in \$817.155, F.S.)
)T <sub>3</sub>	ped 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)