# 1110000045107

(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



100201414111

04/14/11--01026--019 \*\*160.00

THE PHIZE OF STATE AND ANASSEE FORING.

D. BRUCE

APR 15 2011

**EXAMINER** 

### **COVER LETTER**

TO: **Registration Section Division of Corporations** SUBJECT: Marcia and Carlos Property Management, 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: **Carlos Williams** Name of Person Marcia and Carlos Property Management, LLC Firm/Company 5402 East Riverhill Drive Address Temple Terrace, Florida 33617 City/State and Zip Code williamscarlos10@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carlos Williams Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \_\_\_\_\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

•	R <sub>1</sub>	r E	$\sim$ T	1	T		T		
А	КΙ		C.J	. M.		- "	ını	m	е:

The name of the Limited Liability Company is:

# Marcia and Carlos Property Management, 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:	Mailing Address:		
5402 East River Hill Drive	5402 East RiverHill Drive		
Temple Terrace, Florida	Temple Terrace, Florida		
33617	33617	·	
8410 Rio Bra	OG DATE DATE		
Florida si	treet address (P.O. Box NOT acceptable)	>	
Tampa	<sub>FL</sub> 33617		
	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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGR	Carlos Williams
	5402 East RiverHill Drive Temple Terrace, Fl 33617
MGRM	Marcia Williams
	5402 East RiverHill Drive
	Temple Terrace, FL 33617
	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE	D:
X Ma Signature o	f a member or an authorized representative of a member.
constitutes an affirm I am aware that any	section 608.408(3), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true false information submitted in a document to the Department of States are felony as provided for in s.817.155, F.S.)
* Max	cla Williams
Filing Fees:	Typed or printed name of signee
\$125 AA Filing For for Auticl	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)