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T. HAMPTON

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COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: Marie Philip Group, L	LC .
	mited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Sarah Dixon	Name of Person
Accounting & Tax Soluti	
	Firm/Company
3073 Gulf Breeze Pkwy	
	Address
Gulf Breeze, FL 32563	
mariantilingroup@amail.com	City/State and Zip Code
mariephilipgroup@gmail.com E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, ple	ease call:
Sarah Dixon	at (850) 292-3153
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	:
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporation 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

The name of the Limited Liability Co	mpany is:
Marie Philip Group, LLC	
(Must end with the words "I	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1203 Oriole Beach Road	1203 Oriole Beach Road

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

Gulf Breeze, FL 32563

(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:

DTICLE L

Gulf Breeze, FL 32563

Sarah Dixon	
	Name
3073 Gulf Bro	eeze Pkwy
Florida s	treet address (P.O. Box NOT acceptable)
Gulf Breeze	_{FL} 32563
	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

SECRETARY OF STATE
SECRETARY OF

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

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

;		
MGR	Brendan Philip Scott	
	5349 Soundside Drive	
	Gulf Breeze, FL 32563	
MGR	Ashley Marie Scott	
	5349 Soundside Drive	
	Gulf Breeze, FL 32563	
water the control of		
Use attachment if necessary)		
E.V: Effective date, if other than the	ne date of filing:	(OPTIOI

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Brendan Philip Scott

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)

DIVISION OF CORPURATION