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EXAMINER

B. BOSTICK

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Marisa Ward Interpre	Hing, LLC. ed Liability Company		
The e	nclosed Articles of Organization and fee(s) are	submitted for filing.		
Please	e return all correspondence concerning this mate	ter to the following:		
# '}	Marisa Ward	Name of Person		_
	Marisa Ward Interpreting	Firm/Company		
	1140 North Brevard Street	Address		_
	St. Augustine, FL 32084	ty/State and Zip Code		_
	mbenthusen@sbcqlobal.ne E-mail address: (to be used to		SEP -	ectes
For fu	rther information concerning this matter, please	[,1]		
	Marisa Ward Name of Person	at (904) 325-4303 Area Code & Daytime Telephone Number	2:58	, master
Enclo	esed is a check for the following amount:			
]\$1 25 .0	0 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy	`Status & oy	
	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

ARTICLE I - Name: The name of the Limited Liability Company is:	
Marisa Ward Interpreting, LL (Must end with the words "Limited Liability	C. ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1140 North Brevard Street St. Augustine, FL 32084	N40 North Brevord Street St. Augustine, FL32084
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Marisa Ward	S Interest
1140 North Brevar Florida street addi	ress (P.O. Box NOT acceptable)
St. Augustine City, Sta	FL 32084 RD 58
	sccept service of process for the above stated limited

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)

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" = Manager	Name and Address:				
	"MGRM" = Managing Member MGR	Marisa Ward 1140 North Brevard Street St. Augustne, FL 32084				
. 1			TALL St.			
	(Use attachment if necessary)		2: 50 13: 50 13: 50			
	CLE V: Effective date, if other than the date effective date is listed, the date must be sp 0 days after the date of filing.)	te of filing;	(OPTIONAL) e business days prior			
	REQUIRED SIGNATURE:					
<i>/</i>	Signature of a member of	nd r an authorized representative of a memb	 Der.			
	(In accordance with section 608 408(3). Florida Statutes, the execution of this document					

(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.)

Mansa Ward
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)