## #L/1000113308

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K. SALY EXAMINER OCT 4 2011

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations			
SUBJECT: Deland Marigold LLC.			
Name of Limited Liability Company			
The enclosed Articles of Organization and fee(s) are	submitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
VARILIANA NA VALANTANA IN			
William M. Watford Jr.	Name of Person		
Deland Marigold LLC.			
	Firm/Company		
238 Belinda Dr.			
	Address		
Deland, FI 32720-8701			
Cit	y/State and Zip Code		
delandbill@cfl.rr.com	for future annual report notification)		
	·		
For further information concerning this matter, please	e call:		
Bill Watford	_at ( 386 ) _736-1095		
Name of Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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 Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	FEEGTIVE DATE
Deland Marigold LLC.	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
238 Belinda Dr.	238 Belinda Dr.
Deland, FI 32720-8701	Deland, Fl 32720-8701
business entity with an active Florida registration.)  The name and the Florida street address of the rewilliam M. Watford Jr.  Name  238 Belinda Dr.	CT -3 PE
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Deland	<sub>FL</sub> 32720-8701
City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## 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" = Manager "MGRM" = Managing Member	
MGRM	William M. Watford Jr.
	238 Belinda Dr.
	Deland, FI 32720-8701
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: September 30, 2011 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

William M. Watford Jr.

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)