## -L11000130014

(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only

EFFECTIVE DATE 11/8/11



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11 NOV IL THE LEGAL SECRETARY OF STATE

D. BRUCE
NOV 1 5 2011
EXAMINER

## **COVER LETTER**

	Registration S Division of Co								
SUBJEC	<sub>т:</sub> 3 Ма	r LLC							
SUBJEC		Name of Lim	ited Liabilit	ty Comp	any				
The enclo	sed Articles o	f Organization and fee(s) ar	e submitted	for filin	g.				
Please ret	urn all corresp	ondence concerning this ma	atter to the f	ollowing	<b>;</b> :				
<u>N</u>	<u> Iarva S</u>	mith-Riley							
			Name of F	erson .					
3	Mar Ll	_C							
			Firm/Con	ıpany					
7	7505 Kir	nberly Blvd #12	28						
			Addre	ss				<del></del>	
No	orth Lau	derdale, FL 330	68						
<u></u>			ity/State and	Zip Code	;		D CE		
m	arvac@b	ellsouth.net					会会	~	and m
		E-mail address: (to be used	l for future ar	nual repo	ort notification	on)	AT A	S	-
For furthe	r information	concerning this matter, plea	se call:				SER	Œ-	
Marva	Smith-R	iley	at (_95	4	292-59	999	- F.	圣	
	Name	of Person			<i>,</i>	Telephone Number	BZ Z	4:46	
Enclosed	is a check fo	or the following amount:					E DA	ON.	
\$125.00 Fi	iling Fee	\$130.00 Filing Fee & Certificate of Status	Certi	fied Cop	g Fee &  by  is enclosed)	\$160.00 Fil Certificate of Certified Co (additional co	of Status o		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	F C 2	Registrati Division Clifton B 2661 Exe	ourier Addr on Section of Corporat uilding cutive Cent ee, FL 3230	ions ter Circle			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
3 Mar LLC		
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pri	incipal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
7505 Kimberly Blvd #128	7505 Kimberly Blvd #128	
North Lauderdale, FL 33068	North Lauderdale, FL 33068	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		or another
The name and the Florida street address of the re	egistered agent are:	TI NOV IL
Marva Smith-Riley		NOV 14 AHASSEE
Name		RY RY
7505 Kimberly E	3lvd #128	ूं° <b>ऋ ा</b> ग
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	
North Lauderdale	FL 33068	LORID,
City, Sta	te, and Zip	4.4

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

EFFECTIVE DATE 11 8 1

**ARTICLE IV- Manager(s) or Managing Member(s):** The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Marva Smith-Riley 7505 Kimberly Blvd #128 North Lauderdale, FL 33068 MGRM Marsha-Gay Campbell-Harris 7505 Kimberly Blvd #128 North Lauderdale, FL 33068 Marlon Keith Campbell **MGRM** 7505 Kimberly Blvd #128 North Lauderdale, FL 33068 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 11/8/2011 \_\_\_\_. (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.)  $\frac{Marva Smith - Ri/e}{\text{Typed or printed name of signee}}$ 

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)