# U12000014504

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
•			
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T. CLINE
JAN 3 1 2012
EXAMINER

### MARBLE EXPO

#### 12700 METRO PARKWAY UNIT 1A FORT MYERS, FL 33966

239-985-9255

239-985-9266-FAX

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

January 27, 2012

To Whom it May Concern,

We would like to apply as a limited liability company.

Thank You,

Ahmet Guner

2012 JAN 30 PH RE US

#### **COVER LETTER**

	of Corporations	
SUBJECT:	Marble Ex	PO LLC  Liability Company
	Name of Limited	d Liability Company
	cles of Organization and fee(s) are su	
Please return all c	orrespondence concerning this matte	r to the following:
	Ahmet	Guner Name of Person
	,	value of 1 craon
	Mer	Firm/Company
		• •
13	2700 Metro Parkway	Unit la Ft. Myers, FL 33966 Address
	Ft. F	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	-	
	E-mail address: (to be used fo	r future annual report notification)
For further inform	nation concerning this matter, please	at (239 ) 985-9855 38
A	t Guner	at (239 ) 985-9855 (22 3)
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a ch	eck for the following amount:	
\$125.00 Filing Fe	se \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed) 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 Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Murble Expo (Must end with the words "Limited Liability	LLC
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2700 Metro Pku unit 1a	12700 Metro PK4 unit la
2700 Hetro Pky unit 1a Fl. Hyers, FL 33966	12700 Metro Pky unit la Ft. Myers, FL 33966
Florida street addr	egistered agent are:  Series (P.O. Box NOT acceptable)
	FL te, and Zip
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 his 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 tered 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 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.) Hhmet Guner Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)