L12000/00095

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	·
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

EFFECTIVE DATE 08/04/12



700238032767

08/02/12=0000=0000 **125.00

SECRETARY OF STATE ALLAHASSEE, FLORID

APPROVEU AND FILED

D. BRUCE
AUG 0 3 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Marshall Bailey Sales			
Name of Limited Liability Company	-		
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Marshall Bailey			
Name of Person			
Marshall Bailey Sales			
Firm/Company			
507 Cedar Ave			
Address			
Freeport FL 32439	SE TAL	12	
City/State and Zip Code	CRE AH	AUG	
bailey7496@yahoo.com E-mail address: (to be used for future annual report notification)		2-3	_
For further information concerning this matter, please call:	RY OF STATE SSEE. FLORIDA	H	רבט
Marshall Bailey at (850) 2599272	ORIE ORIE	1:01	
Name of Person Area Code & Daytime Telephone Number	— ¥.,		
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status & y		
Mailing Address Registration Section Registration Section			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Compa	iny is:
Marshall Bailey Sales LLC	,
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
507 Cedar Ave	507 Cedar Ave
Freeport FL	Freeport FL
32439	32439
	stered Office, & Registered Agent's Signature: m Registered Agent. You must designate an individual or another
The name and the Florida street address of	of the registered agent are:
Marshall Bailey	TAR A SS
	Name C
507 Cedar Av	/e

is:

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..

FL 32439 City, State, and Zip

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 08/04/12

Freeport FL

ARTICLE I - Name:

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

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

MGR	Marshall Bailey
	507 Cedar Ave
	Freeport FL 32439
•	
	
····	
(Use attachment if necessary)	
,	the date of filing: Aug 4, 2012 (OPTIO)

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.)

Marshall R Bailey

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)