

L12000116027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

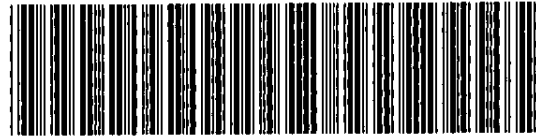
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

G. MCLEOD
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SEP 11 2012

EXAMINER



700209817377

09/10/12--01002--005 **125.00

FILED
12 SEP 10 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NO \$

W12-43529



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2012

MICHAEL APEL
1015 NW 17TH AVE
DELRAY BEACH, FL 33445

SUBJECT: MARCELLO SPORT ST. ARMANDS, LLC
Ref. Number: W12000043529

We have received your document for MARCELLO SPORT ST. ARMANDS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Gina McLeod
Regulatory Specialist II

Letter Number: 312A00021508

*Sorry
oversight*

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Marcello Sport St. Armands, LLC
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:

Michael Apel

Name of Person

Fashion Concepts

Firm/Company

1015 NW 17th Ave

Address

Delray Bch, FL 33445

City/State and Zip Code

darren.apel@fashionconcepts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darren Apel

Name of Person

at (561) 824-2400

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 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
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Marcello Sport St. Armands, LLC

(Must end with the words "Limited 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 is:

Principal Office Address:

1015 NW 17th Ave
Delray Beach, Fl 33445

Mailing Address:

1015 NW 17th Ave
Delray Beach, Fl 33445

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Michael Apel

Name

1015 NW 17th Ave

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

Delray Beach, Fl 33445

FL

City, State, and Zip

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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" = Managing Member

Name and Address:

MGRM

Michael Apel

1015 NW 17th Ave

Delray Beach, FL 33445

MGR

DARREN APEL

1015 NW 17TH AVE

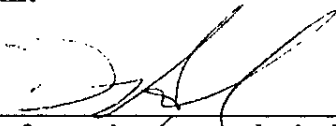
DELRAY BCH, FL. 33445

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

DARREN APEL

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)