

#L/3000/25269

(Requestor's Name)

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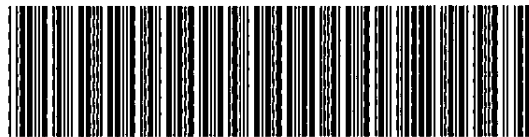
(Business Entry Name)

(Document Number)

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13 AUG 12 PH 1:29

FILED

13 SEP -4 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**K. SALLY
EXAMINER**

SEP - 5 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2013

CORPDIRECT AGENTS, INC.

SUBJECT: NC REGENCY VILLAGE, LLC
Ref. Number: W13000045026

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 SEP -4 PM 2:56
NOTED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

We have received your document for NC REGENCY VILLAGE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is M09000000149 "NC REGENCY VILLAGE, LLC".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 013A00019289

CORPDI RECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-11173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 09/04/13

REF. #: 8882058

CORP. NAME: MARCELINE PROPERTIES LLC

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 SEP -4 PM 2:52
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

Use credit from rejected filing

STATE FEES PREPAID WITH CHECK# _____ **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
MARCELINE PROPERTIES LLC**

FILED
13 SEP -4 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, an authorized natural person, for the purpose of forming a Limited Liability Company, under the provisions and subject to the requirements of Chapter 608, Florida Statutes, hereby certifies that:

1. The name of the Limited Liability Company is **MARCELINE PROPERTIES LLC**
2. The street address of the principal office of the Limited Liability Company is: Trident Chambers, Wickhams Cay I, Road Town, Tortola, British Virgin Islands.
3. The mailing address of the Limited Liability Company is: 450 Park Ave., 32nd Floor, New York, NY 10022.
4. The name and Florida street address of the Registered Agent and Registered Office are:

NRAI Services, Inc.

1200 South Pine Island Road, Plantation, FL 33324



Dina Fecci, Assistant Secretary NRAI

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.

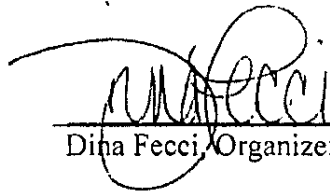
5. The Limited Liability Company is to be managed by a Manager. The name of the initial Manager is: **Lucky Strikes Assets Ltd**
6. The limited liability company will be organized for any and all purposes permitted under Florida Law.
7. The company shall, to the fullest extent legally permissible, indemnify and hold harmless any and all persons whom it shall have power to indemnify from and against any and all liabilities (including expenses) imposed upon or reasonably incurred by him in connection with any action, suit or other proceeding in which he may be involved or with which he may be threatened, or other matters referred

to in or covered by said provisions both as to action in his official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a director, member or officer of the company. Such indemnification provided shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any Bylaw, Agreement or Resolution adopted by the shareholders entitled to vote thereon after notice.

In addition, the personal liability of all of the directors and members of the company is hereby eliminated to the fullest extent allowed by law.

The undersigned represents that he is authorized to sign this Certificate on behalf of the Members of the Limited Liability Company and that the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated therein are true.

Signature:

A handwritten signature in black ink, appearing to read 'Dina Fecci', written over a horizontal line.

Dina Fecci, Organizer, Authorized Representative

Date: September 4, 2013