

# L13000131143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

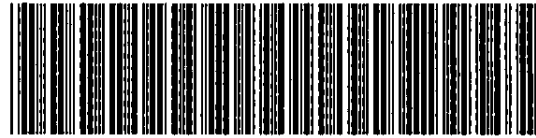
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/17/13--01005--017 \*\*125.00

DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

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AND  
FILED

SEP 17 2013

T. HAMPTON

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COACH MACON Property MAINTENANCE Group 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:

Coach Marshall Macon

Name of Person

COACH MACON Property MAINTENANCE Group LLC

Firm/Company

1338 LAUNDALG ROAD

Address

Tallahassee FLA 32317

City/State and Zip Code

COACH MACON @ GMAIL . COM

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

For further information concerning this matter, please call:

COACH MACON

Name of Person

at ( 850 ) 368-6334

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

COACH MACON PROPERTY MAINTENANCE GROUP 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:

Mailing Address:

1338 LAWNDALE ROAD  
TALLAHASSEE FLA 32317

## 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:

COACH MARSHALL MACON  
Name

1338 LAWNDALE RD  
Florida street address (P.O. Box **NOT** acceptable)  
TALLAHASSEE FL 32317  
City, State, and Zip

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..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

MGR

Marshall Macon SR  
1338 LAWNDALE ROAD TALLAHASSEE FLA  
TALLAHASSEE FLA 32317

MGRM

Marshall Macon, Jr  
1338 LAWNDALE ROAD  
TALLAHASSEE 32317

MGRM

JAVON MACON  
1338 LAWNDALE ROAD  
TALLAHASSEE FLA 32317

MGRM

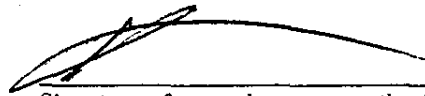
STACY MACON  
1338 LAWNDALE ROAD  
TALLAHASSEE FLA 32317

MGRM  
(Use attachment if necessary)

STERLING MACON  
1338 LAWNDALE ROAD

**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.)

COACH Marshall Macon  
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)

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