L14000005363

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(В	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



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01/06/14--01035--004 **125.00

EFFECTIVE DATE

14 JAN -6 PHIZ: 44
SECRETARY OF STATE

JAN 1 0 2014

T. BROWN

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Marshalls Resort Maintenance, LLC
30031	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Darren Marshall
	Name of Person
	Marshalls Resort Maintenance, LLC
	Firm/Company
	68 Anchor Lane
	Address
	Santa Rosa Beach, FL 32459
	City/State and Zip Code marshalldkbkr@yahoo.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Da	rren Marshall 660 537-4397
	Name of Person Area Code Daytime Telephone Number
	ed is a check for the following amount: 0 Filing Fee \$\bigsup \text{\$130.00 Filing Fee & Certificate of Status} \bigsup \text{\$Certified Copy (additional copy is enclosed)} \\ \begin{align*} \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \end{align*}

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clitton 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:	Limited Liability Company, "L.L.C.," or "LLC.")
Marshalls Resort Maintenance, LLC	
(Must end with the words "L	cimited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin Principal Office Address:	cipal office of the Limited Liability Company is: Mailing Address:
68 Anchor Lane	Same
Santa Rosa Beach, FL 32459	
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as in another business entity with an active Florida reg The name and the Florida street address of the reg	its own Registered Agent. You must designate an individual or istration.)
Darren Marshall	
	Name
68 Anchor Lane	
Florida street address (P.	O. Box NOT acceptable)
Santa Kosa Beach	FL 32459
City	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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager ^{AMBR}	Orașa Marchall
AMBR	Darren Marshall
Lieu attachment if nacasanni)	
(Use attachment if necessary)	
•	ate of filing: 12/30/2013 (OPTIONAL)
(Use attachment if necessary) EV: Effective date, if other than the descrive date is listed, the date must be	ate of filing: 12/30/2013 (OPTIONAL)
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