## 114000040837

(Re	equestor's Name)	
(Ác	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

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•	TO:	Registration Division of	n Section Corporations			<b>%</b> .
	SUBJE	ECT: <u>Marilee</u>	e Investments LLC Name	of Lir	nited Liability Company	
	The en	closed Articles	s of Organization and fe	e(s) a	re submitted for filing.	
	Please	return all corre	espondence concerning	this m	atter to the following:	
		Mary Fra	ank	•	Name of Person	
		•			Name of reison	
		Marilee I	Investments LLC			
					Firm/Company	
		4290 1s	Ave NW			
					Address	
		Naples F	FL <u>341</u> 19			
		140 <u>210011</u>	2.01.10	C	City/State and Zip Code	
	m	ayfrank@cen	turylink.net E-mail address: (to l	e use	d for future annual report notific	ation)
	For fur	ther information	on concerning this matte	r, plea	ase call:	
	Mary F		C.D.	_ at (	2 <u>39</u> ) <u>352-0961</u>	11XI1
		Nar	ne of Person		Area Code Daytime Te	lephone Number
	Enclose	ed is a check fo	or the following amount	:		
	□ \$125.0	0 Filing Fee	☑\$130.00 Filing Fe Certificate of Stat		□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Ma	iling Address		Street/Courier Add	re <u>ss</u>
		Reg	istration Section		Registration Section	
			ision of Corporations		Division of Corpora	tions
			). Box 6327 lahassee, FL 32314		Clifton Building . 2661 Executive Cen	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR	HORIDA LIMITED LIABILITY COMPANY  d Liability Company, "L.L.C.," or "LLC.")
ARTICLE I - Name:	
The name of the Limited Liability Company is:	770
Marilee Investments LLC	
(Must end with the words "Limited	I Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	O <sub>A</sub>
The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4290 1st Ave NW	4290 1st Ave NW
Naples,FL 34119	Naples,FL 34119
The name and the Florida street address of the registered	f agent are:
Mary Frank Name	<u> </u>
. Папк	•
4290 1st Ave NW	
Florida street address (P.O. Bo	x NOT acceptable)
Naples	FL34119
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	ervice of process for the above stated limited liability company a of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance oligations of my position as registered agent as provided for in oter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

4290 1st Ave NW  Naples,FL 34119  eon J Frank  4290 1st Ave NW	
Mary H Frank AMBR	
4290 1st Ave NW  Naples,FL 34119  Leon J Frank  4290 1st Ave NW	
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