

L14000116487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

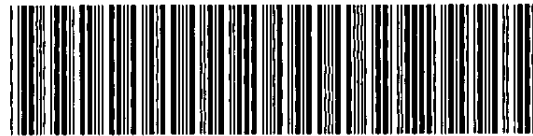
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUL 24 2014
A. LUNT

Office Use Only



700262232667

07/24/14--01002--019 **130.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 JUL 24 PM 12:46
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

14 JUL 24 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOT RECORDED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Markeis L.L.C
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:

Je'Won Brown

Name of Person

J-Dawgz

Firm/Company

2660 Old Bainbridge Rd Apt 804

Address

Tallahassee, FL 32303

City/State and Zip Code

jewonbrown@yahoo.com

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

For further information concerning this matter, please call:

Je'Won Brown

Name of Person

at 904, 673-9126

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

SECTION
TALLAHASSEE, FLORIDA

14 JUL 24 PM 12:55

ATTACHED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Markeis L.L.C.

(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:

2660 Old Bainbridge Rd
Apt 804 Tallahassee, FL 32303

Mailing Address:

2660 Old Bainbridge Rd
Apt 804 Tallahassee, FL 32303

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:

Je'Won Brown

Name

2660 Old Bainbridge Rd Apt 804

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

Tallahassee

FL

32303

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.

Je'Won Brown

Registered Agent's Signature (REQUIRED)

(CONTINUED)

RECEIVED
TALLAHASSEE, FLORIDA

14 JUL 26 PM 12:55

ATTORNEY
AND
FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

Je'Won Brown

2665 Old Bainbridge Rd Apt
Tallahassee, FL

Vonshaydra Bellamy

2665 Old Bainbridge Rd Apt 804
Tallahassee, FL

SECRET
TALLAHASSEE
FLORIDA

14 JUL 24 PM 12:53

APPROVED
AND
FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/24/14 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Je'Won Brown Vonshaydra Bellamy

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Je'Won Brown Vonshaydra Bellamy

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)