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## **COVER LETTER**

	tion Section of Corporations			
SUBJECT:	Marcy-D, L Name of Lin	ited Liability Company	<del></del>	
The enclosed Artic	cles of Organization and fee(s) ar	e submitted for filing.		
Please return all co	orrespondence concerning this ma	atter to the following:		
	Martha.	DeZern Name of Person		
		Manie of Ferson		
	<u> </u>	Firm/Company		
	2261 Gri	anhy Dr		
	4			
	Lehigh Acr	ity/State and Zip Code  (a) Uahoo · Com If for futbre annual report notification)		
la a	' C	ity/State and Zip Code	3-2 · .	123
·	2 rcu · dezerni E-mail address: (to be used	for future annual report notification)		23 N AUG
For further inform	ation concerning this matter, plea	ase call:	ار در	9-9
ю. Ц	^ <del>-</del>	am - a./= a.ad	34 29	
MarTha	<u>DeZern</u> at (2 Name of Person	239 347-2950 Area Code Daytime Telephone Num	iber Sight	
	, , , , , , , , , , , , , , , , , , ,		APE APE	11
Enclosed is a chec	ck for the following amount:		, -	
\$125.00 Filing Fe	ce  \$130.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certified	Filing Fee, ate of Status & d Copy I copy is enclose	ed)
	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 Compar	nv is:			
Marcu	-D. LLC			
(Must end with the	ords "Limited Liability Company, "L.L.C.,"	or "LLC.")		
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Co	ompany is:		
Principal Office Address:	Mailing Address:			
Martha DeZern	2261 Gran	by Dr.,	Lehi _	gh
	tered Office, & Registered Agent's Signature as its own Registered Agent. You must derida registration.)		vidual or	
The name and the Florida street address of	the registered agent are:			
	S Humpal Name			
2325	Carnaby Ct.			
	ress (P.O. Box <u>NOT</u> acceptable)		`	
LehighA	cres FL 33973	3		
the place designated in this certificate, is capacity. I further agree to comply with t	nd to accept service of process for the above sta I hereby accept the appointment as registered a the provisions of all statutes relating to the pro- l accept the obligations of my position as regist Chapter 605, F.S.	ngent and agree per and comple	e to act in ete perforn	this nance
James Registered	Agent's Signature (REQUIRED)			
	(CONTINUED)	2>0	2814	
	Page 1 of 2	AHACSELE ELEM	1:1 M 9-90V	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	MARTHA DEZERA 2261 Granby Dr Lehigh Acres, FL 33973
(Lice attachment if magazani)	
fective date is listed, the date must be spec of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the date of fective date is listed, the date must be specifiling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the date of fective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the date of fective date is listed, the date must be specifiling.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	cific and cannot be more than five business days prior to or 90 da
LE V: Effective date, if other than the date of fective date is listed, the date must be specifing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member.  1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.  1.0203 the content of the document to the Department of State

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

ARTICLE IV-