4500047514

| (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: |
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MAR 10 2015 J. BRUCE

COVER LETTER

| • | ration Section on of Corporations | | | |
|---------------------|--|---|--------------------|-----------|
| SUBJECT: M | RF USMC Solutions, LLC | | | |
| | Name of Lir | nited Liability Company | | |
| The enclosed Ar | rticles of Organization and fee(s) a | re submitted for filing. | | |
| Please return all | correspondence concerning this m | atter to the following: | | |
| | | | | |
| <u>Mar</u> | rion Richard Ford | Name of Person | | |
| | | Name of Person | | |
| | | | | |
| | , | Firm/Company | | |
| | | | | |
| 132 | 79 Oak Hill Loop | Address | | |
| | | . 1333.000 | | |
| <u>Fort</u> | Myers, FL 33912 | • | S. 8 | |
| | C | City/State and Zip Code | 5 T | ** |
| poppopfor | d@aol.com | d for future annual report notification) | EB 2 | gunte |
| | | | SEC. O | ži meriči |
| For further infor | mation concerning this matter, plea | ase call: | E PE | 7 |
| Marian Diahar | d Foud | 220 \ F61 6417 | ELORIDA H 9: 48 | · 1 |
| Marion Richard | d Ford at () Name of Person | 239) 561-6417 Area Code Daytime Telephone Number | Ø (1 00 | |
| | | | | |
| Enclosed is a che | eck for the following amount: | | | |
| □ \$125.00 Filing F | | \$155.00 Filing Fee & \$160.00 Filing | | |
| | Certificate of Status | Certified Copy Certificate o (additional copy is enclosed) Certified Co | | |
| | | (additional cop | y is enclosed) | |
| | | | | |
| | Mailing Address Registration Section | Street/Courier Address Registration Section | | |
| | Division of Corporations | Division of Corporations | | |
| | P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle | | |
| | | Tallahassee, FL 32301 | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| MRF USMC Solutions, LLC (Must end with the words "Lim | nited Liability Company, "L.L.C.," or "LLC | ·") |
|---|--|--|
| ARTICLE II - Address: | | • , |
| The mailing address and street address of the princip | al office of the Limited Liability Company | is: |
| Principal Office Address: | Mailing Address: | |
| 13279 Oak Hill Loop | 13279 Oak Hill Loop | |
| Fort Myers, FL 33912 | Fort Myers, FL 33912 | |
| ARTICLE III - Registered Agent, Registered Off | ice, & Registered Agent's Signature: | |
| | ice, & Registered Agent's Signature: own Registered Agent. You must designate | F 7 7 |
| ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its | ice, & Registered Agent's Signature: own Registered Agent. You must designate ration.) | 7 |
| ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida registr | ice, & Registered Agent's Signature: own Registered Agent. You must designate ration.) | 100 mm |
| ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist Marion Richard Ford | ice, & Registered Agent's Signature: own Registered Agent. You must designate ration.) | IS FEB 26 AM |
| ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist Marion Richard Ford | ice, & Registered Agent's Signature: own Registered Agent. You must designate ration.) cred agent are: | IS FEB 26 AM |
| ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regists The name and the Florida street address of the regist Marion Richard Ford N | ice, & Registered Agent's Signature: own Registered Agent. You must designate ration.) ered agent are: | IS FEB 26 AM |
| ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regists. The name and the Florida street address of the regist. Marion Richard Ford. N 13279 Oak Hill Loop | ice, & Registered Agent's Signature: own Registered Agent. You must designate ration.) ered agent are: | IS FEB 26 AH 9: 4 SEGRETARY OF STATE STATE OF STATE STATE OF STATE STATE OF STATE ST |

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> Citle:</u> | Name and Address: |
|--|--|
| AMBR" = Authorized Member | 11000 680 12002 5001 |
| MGR" = Manager | |
| MGR | Marion Richard Ford |
| | 13279 Oak Hill Loop |
| | Fort Myers, FL 33912 |
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| Use attachment if necessary) V: Effective date, if other than the date this date is listed, the date must be or | e of filing: upon filing (OPTIONAL) |
| CV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) CVI: Other provisions, if any. | pecific and cannot be more than five business days prior to or 90 o |
| CV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) CVI: Other provisions, if any. | e of filing: <u>upon filing</u> . (OPTIONAL) secific and cannot be more than five business days prior to or 90 o |
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| CV: Effective date, if other than the date extive date is listed, the date must be sp filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me | ember or an authorized representative of a member. |
| CV: Effective date, if other than the date entire date is listed, the date must be sponsored filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man (In accordance with section 66) | ember or an authorized representative of a member. |
| CV: Effective date, if other than the date extive date is listed, the date must be specifiling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man (In accordance with section 60 constitutes an affirmation und | ember or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true: |
| CV: Effective date, if other than the date extive date is listed, the date must be specifiling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man (In accordance with section 60 constitutes an affirmation und I am aware that any false information of the constitutes are applied to the constitutes and affirmation und I am aware that any false information und I are aware that a aware that | ember or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true; remation submitted in a document to the Department of States. |
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