

L15000052812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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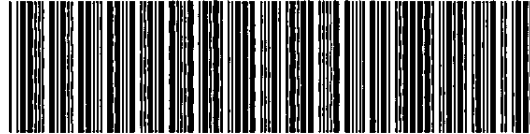
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAR 25 2015  
BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Unique T. Marshall, P.L.  
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:

Unique T. Marshall  
Name of Person

Unique T. Marshall, P.L.  
Firm/Company

219 SE Ocean Blvd  
Address

Stuart, FL 34994  
City/State and Zip Code

niki@stonelawfl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Unique T. Marshall at ( 772 ) 781-4357  
Name of Person 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

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TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION FOR  
UNIQUE T. MARSHALL, P.L.**

**ARTICLE I  
NAME**

The name of the Professional Limited Liability company is Unique T. Marshall, P.L.

**ARTICLE II  
PRINCIPAL OFFICE**

The principal place of business and mailing address is:

Street Address  
219 SE Ocean Blvd  
Stuart, FL 34994

Mailing Address  
219 SE Ocean Blvd  
Stuart, FL 34994

**ARTICLE III  
PURPOSE**

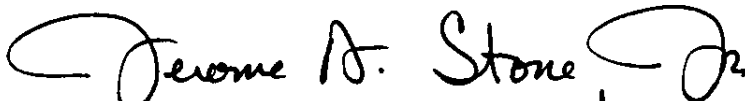
The purpose for the Professional Limited Liability Company is to engage in the general practice of law and to conduct all types of business incident thereto.

**ARTICLE IV  
REGISTERED AGENT**

The name and the Florida street address for the registered agent are:

Jerome A. Stone, Jr.  
219 SE Ocean Blvd  
Stuart, FL 34994

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
Jerome A. Stone, Jr./Registered Agent

03/06/2015  
Date

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TALLAHASSEE FLORIDA

**ARTICLE V**  
**MANAGERS AND/OR MANAGING MEMBERS**

The name and address of each Manager and/or Managing Members is as follows:

<u>Name</u>	<u>Address</u>
Unique T. Marshall, Managing Member	219 SE Ocean Blvd. Stuart, Florida 34994

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.

Unique Marshall  
Unique T. Marshall, Managing Member

03/06/15  
Date

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