

L15000076842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

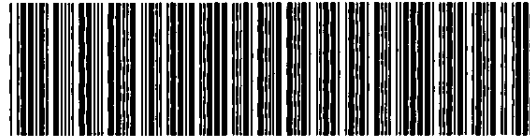
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500272356185

04/23/15--01030--007 **125.00

FILED

2015 APR 21 P 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T SCHROEDER
5.1.15

SUBJECT: MICHAEL F MARSHALL JR, LLC

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:

MICHAEL F MARSHALL JR

Name of Person

MICHAEL F MARSHALL JR, LLC

Firm/Company

627 SE 17TH PLACE

Address

OCALA, FLORIDA 34471-5218

City/State and Zip Code

CATERMARZ@COX.NET

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

For further information concerning this matter, please call:

MICHAEL F MARSHALL JR

Name of Person

at (352) 512-0113

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

The name of the Limited Liability Company is:

Michael F Marshall Jr, LLC

(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:

627 SE 17TH PLACE
OCALA, FLORIDA 34471-5218

Mailing Address:

627 SE 17TH PLACE
OCALA, FLORIDA 34471-5218

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:

MICHAEL F MARSHALL JR
Name

627 SE 17TH PLACE
Florida street address (P.O. Box **NOT** acceptable)

OCALA FL 34471
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2015 APR 27 P 3:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

Article V:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MICHAEL F MARSHALL JR

627 SE 17TH PLACE

OCALA, FLORIDA 34471-5218

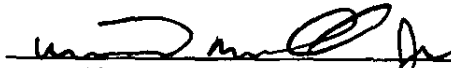
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 27, 2015 (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.

NONE

REQUIRED SIGNATURE:



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.)

MICHAEL F MARSHALL, JR

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)

FILED
2015 APR 27 P 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA