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(Re	questor's Name)	•
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	·
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EFFECTIVE DATE

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SECREMENT OF STATE



MAY 1.9 2015 J. HARRIS

## COVER LETTER ..

TO: Registration Section Division of Corporations	
SUBJECT: BILL MARCUM FLOOM. Name of Limited Liability Company	ing LL
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
WILLIAM MARCUM	
Name of Person	
BILL MARCOM FLOOM A	<u></u>
3242 T. FRANCE St.	
Tollahasses Flo 32 City/State and Zip Code	3//
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, please call:	
William MARCE at (614) 551- Name of Person Area Code Daytime	3109 Telephone Number
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & Certified Copy (additional copy is enclose	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier A	Address

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## EFFECTIVE DATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
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 Comp	oany is:		
Principal Office Address: Mailing Address:			
3142 TIFFAOY ST 3142 TIFEAN TAUALARCE STUD 32311 32311	Ney St	<del>-</del> -	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must design another business entity with an active Florida registration.)		vidual o	г
The name and the Florida street address of the registered agent are:			
WILLIAM MARCUM Name 3142 TIFFARY EF			
Name			
Florida street address (P.O. Box NOT acceptable)			
TALLAHASSEC FL 777- 32311 City Zip			
City Zip			
Having been named as registered agent and to accept service of process for the above state, the place designated in this certificate, I hereby accept the appointment as registered age capacity. I further agree to comply with the provisions of all statutes relating to the proper of my duties, and I am familiar with and accept the obligations of my position as registered.  Chapter 605, F.S	ent and agree r and comple	e to act i ete perfo	in this rmance
Registered Agent's Signature (REQUIRED)			
(CONTINUED)	ESS CENT	15 MAY	
Page 1 of 2	MARCH PO	ZING 61 AB	

effective date is listed, the date must be spette of filing.)	ecific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date	of filing: 5/19/15 .(OPTIONAL)
(Use attachment if necessary)	
	·
<del></del>	
	Idlahaster Cr FIA 32311
AnBR	
"AMBR" = Authorized Member "MGR" = Mapager	3142 11 PEANY ST
"AMBR" = Authorized Member	Name and Address:

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.)

WILLIAM MARCOMU
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)

Page 2 of 2

15 MAY 19 PH 12: 44

