

U5000112995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

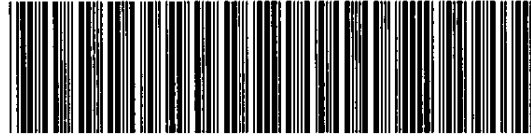
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600274075966

EFFECTIVE DATE 7.1.15

06/29/15--01025--025 **155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 29 AM 9:31

JUL 07 2015
T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Marguerite Jacqueline, 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:

Marguerite J. Madrigal

Name of Person

Marguerite Jacqueline, LLC

Firm/Company

255 NW 45th Street

Address

Miami FL, 33127

City/State and Zip Code

MargueriteMadrigal@icloud.com

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

For further information concerning this matter, please call:

Jacqueline M. Greis 305 304-3599

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EFFECTIVE DATE 7.1.15

ARTICLE I - Name:

The name of the Limited Liability Company is:

Marguerite Jacqueline, 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:

Mailing Address:

255 NW 45th Street
Miami FL,
33127

255 NW 45th Street
Miami FL,
33127

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:

Paul S. Mills CPA
Name

1541 5th Street
Florida street address (P.O. Box **NOT** acceptable)

Key West FL 33040
City State 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..

Paul S Mills CPA
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 29 AM 9:31

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address:
Marguerite J. Madrigal
255 NW 45th Street
Miami FL, 33127

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 1st, 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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Mmadrigal

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.)

Marguerite J. Madrigal
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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 29 AM 9:31