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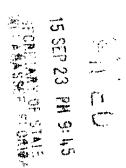
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COVER LETTER

	Registration Section Division of Corporations		
SUBJECT	MARSH ENTERPRISES LLC		
Sebule		Limited Liabili	ty Company
The enclos	sed Articles of Organization and fee(s) are submitted	for filing.
Please retu	urn all correspondence concerning this	s matter to the fe	ollowing:
	ROBERT L. MARSH		
		Name of	Person
	MARSH ENTERPRISES LLC		
		Firm/Co	mpany
	1629 PALM LANE		
		Addre	ess
	LABELLE, FL 33935		
	RTMARSHI@MSN.COM	City/State and	I Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For further i	nformation concerning this matter, pl	ease call:	
	ROBERT L. MARSH	863	234-5565
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
\$ 125.00 F	siling Fee \$\frac{\$130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certificate of Status}}	L Certifie	0 Filing Fee & \$160.00 Filing Fee, cd Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			•
The name of the Limited Lis	ability Company is:		•
MARSH ENTE			
(Must	end with the words "Limited	d Liability Compa	iny, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stre	eet address of the principal of	office of the Limit	ed Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
1629 PALM LA	NE	10	629 PALM LANE
LABELLE, FL	33935	T.	ABELLE, FL 33935
ARTICLE III - Registered	Agent, Registered Office,	& Registered Agen	gent's Signature: t. You must designate an individual or
ARTICLE III - Registered (The Limited Liability Comanother business entity with	pany cannot serve as its own n an active Florida registration	n Registered Agen on.)	gent's Signature: it. You must designate an individual or
ARTICLE III - Registered (The Limited Liability Comanother business entity with	pany cannot serve as its own	n Registered Agen on.)	gent's Signature: it. You must designate an individual or
ARTICLE III - Registered (The Limited Liability Comanother business entity with	pany cannot serve as its own n an active Florida registration	n Registered Agen on.) d agent are:	gent's Signature: it. You must designate an individual or
ARTICLE III - Registered (The Limited Liability Comanother business entity with	pany cannot serve as its own an active Florida registration are address of the registere	n Registered Agen on.) d agent are:	gent's Signature: it. You must designate an individual or
ARTICLE III - Registered (The Limited Liability Comanother business entity with	pany cannot serve as its own an active Florida registration are address of the registere	n Registered Agen on.) d agent are: H	gent's Signature: it. You must designate an individual or
ARTICLE III - Registered (The Limited Liability Comanother business entity with	pany cannot serve as its own an active Florida registration are address of the registere ROBERT L MARSI	n Registered Agen on.) d agent are: H Name	nt. You must designate an individual or
ARTICLE III - Registered (The Limited Liability Comanother business entity with	pany cannot serve as its own an active Florida registration and active Florida registered reet address of the registered ROBERT L MARSION 1629 PALM LANE	n Registered Agen on.) d agent are: H Name	nt. You must designate an individual or
ARTICLE III - Registered (The Limited Liability Comanother business entity with	pany cannot serve as its own an active Florida registration and active Florida registeres ROBERT L MARSI 1629 PALM LANE Florida street address	n Registered Agenon.) d agent are: H Name ss (P.O. Box NO)	t. You must designate an individual or

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

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)	"AMBR" = Authorized Member	Name and Address:	
AMBR ROBERT L. MARSH 1629 PALM LANE LABELLE, FL 33935 TERESA L. MARSH 1629 PALM LANE LABELLE, FL 33935 TERESA L. MARSH 1629 PALM LANE LABELLE, FL 33935 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 dt of filing.) fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unent's effective date on the Department of State's records. LE VI: Other provisions, if any. REOUIRED SIGNATURE Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. 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. ROBERT L. MARSH Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificed Copy (Optional)			
AMBR TERESA L. MARSH 1629 PALM LANE LABELLE, FL 33935 TERESA L. MARSH 1629 PALM LANE LABELLE, FL 33935 (Use attachment if necessary) E. V: Effective date, if other than the date of filing: LABELLE, FL 33935 (OPTIONAL) fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 drof filing.) fit the date inserted in this block does not meet the applicable statutory filing requirements, this date will not busent's effective date on the Department of State's records. E. VI: Other provisions, if any. REOUTED SIGNATURE Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. ROBERT L. MARSH 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)		DODERTI MARGII	
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(Use attachment if necessary) E V: Effective date, if other than the date of filing:	AMBR	TERESA L. MARSH	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:			_
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ARTICLE IV-