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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAW OFFICE OF DANIEL C. PERRI
Account Number : I20040000119
Phone : (850)651-3011
Fax Number : (850)651-3306

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: tmart2@cox.net

FLORIDA LIMITED LIABILITY CO.
Martin Crestview Rentals, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
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| Estimated Charge | \$130.00 |

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Help

(((H15000260313 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Martin Crestview Rentals, 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:

Thomas E. Martin

Name of Person

Firm/Company

2433 Woodbine Drive

Address

Crestview, Florida 32536

City/State and Zip Code

tmart2@cox.net

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

For further information concerning this matter, please call:

Thomas E. Martin 850 902-2530
Name of Person at 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
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

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ARTICLES OF ORGANIZATION
MARTIN CRESTVIEW RENTALS, LLC

The undersigned subscribers hereby form a limited liability company under the laws of the State of Florida, Florida Statutes, Chapter 605 as follows:

ARTICLE I
NAME

The name of this limited liability company shall be MARTIN CRESTVIEW RENTALS, LLC.

ARTICLE II
PRINCIPAL OFFICE AND MAILING ADDRESS

The mailing address and the street address of the principal office of the limited liability company is 2433 Woodbine Drive, Crestview, Florida 32536.

ARTICLE III
INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the limited liability company's registered office is:

DANIEL C. PERRI
4 Eleventh Avenue, Suite One
Shalimar, Florida 32579

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.



DANIEL C. PERRI
Registered Agent

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(((H15000260313 3)))

ARTICLE IV
MANAGEMENT

The name and address of the co-managers of the limited liability company is as follows:

Thomas E. Martin - MGR
2433 Woodbine Drive
Crestview, Florida 32536

Peggie Cook Martin - MGR
2433 Woodbine Drive
Crestview, Florida 32536

Management shall be by the persons above named.

ARTICLE VI
INITIAL MEMBERS

The names and addresses of the initial members of the limited liability company are as follows:

Thomas E. Martin, Husband
2433 Woodbine Drive
Crestview, Florida 32536

Peggie Cook Martin, Wife
2433 Woodbine Drive
Crestview, Florida 32536

Thomas E. Martin and Peggie Cook Martin,
as Co-Trustees of The Martin Family Trust
2433 Woodbine Drive
Crestview, Florida 32536

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IN WITNESS WHEREOF, the undersigned, being the authorized representative for the members, has hereunto set his hand and seal on this the 30th day of October, 2015, for the purpose of forming a limited liability company to do business both within and without the State of Florida and does make and file in the Office of the Secretary of State of Florida these Articles of Organization and affirms under penalties of perjury that the facts stated herein are true.

AUTHORIZED REPRESENTATIVE:



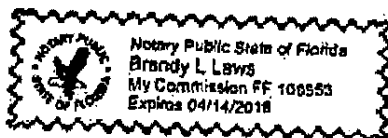
Daniel C. Perri

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 §17.155, F.S.

STATE OF FLORIDA
COUNTY OF OKALOOSA

Sworn to and subscribed before me this 30th day of October, 2015, by Daniel C. Perri, who has produced _____ as identification, or who is personally known to me.

WITNESS my hand and official seal in the State and County last aforesaid this 30th day of October, 2015.



BRANDY LAWS
Notary Public

My commission expires: 04/14/2018

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