

L16000048307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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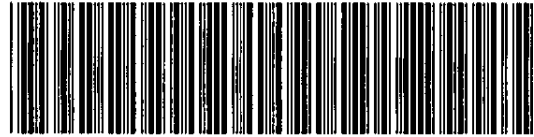
(Business Entity Name)

(Document Number)

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APPROVAL  
AND  
FILED  
16 MAR -3 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/11

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** S and S Molloy Rental 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:

Sandra Molloy

Name of Person

S and S Molloy Rental LLC

Firm/Company

8124 Riverside Drive

Address

Pasadena, Maryland 21122

City/State and Zip Code

irishstevem@verizon.net

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

For further information concerning this matter, please call:

Sandra Molloy

443

618-8920

at ( )

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**

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

APPROVED  
AND  
FILED

16 MAR -3 PM 5:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

S and S Molloy Rental 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:**

21650 Overseas Highway, Unit 102  
Cudjoe Key, Florida 33042

**Mailing Address:**

8124 Riverside Drive  
Pasadena, Maryland 21122

**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:

Sandra Molloy

Name

28388 County Road

Florida street address (P.O. Box **NOT** acceptable)

Little Torch Key                      Florida                      33042

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED  
AND  
FILED

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company: **16 MAR 2 PM 5:05**

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sandra Molloy

8124 Riverside Drive

Pasadena, Maryland 21122

AMBR

Steven Molloy

8124 Riverside Drive

Pasadena, Maryland 21122

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 2, 2016. (OPTIONAL)

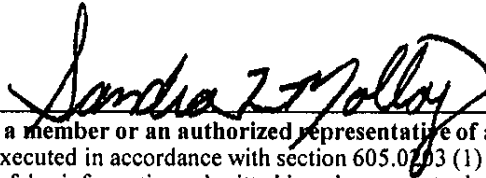
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

If the effective date, March 2, 2016, is not within the required time frame as described in Article V, please use the earliest date possible.

**REQUIRED 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.

Sandra Molloy

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)