Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Department of Same State of St

: (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 : (800)221-2972 Fax Number : (888)692-9256

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

Email Address:

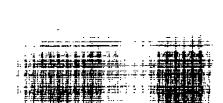
FLORIDA LIMITED LIABILITY CO. Marco Shine Properties LLC

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Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE J - Name:

The name of the Limited Liability Company is:

Marco Shine Properties 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:

Malling Address:

870 SOUTH COLLIER BLVD, UNIT 606 MARCO ISLAND, FL 34145 870 SOUTH COLLIER BLVD, UNIT 606 MARCO ISLAND, FL 34145

CONTROL OF THE PROPERTY OF THE

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: Solve of a month of the institute (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual of the institute another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are: **

JULIE SHEDDEN

Name

870 SOUTH COLLIER BLVD, UNIT 606

Fiorida street address (P.O. Box NOT acceptable)

MARCO ISLAND

FI.

34145

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 601, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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to talepen

	Title: "AMBR" - Authorized Member "MGR" = Manager	to manage and control the Limited Liability Company: Name and Address:	
	AMBR	JULIE SHEDDEN 870 SOUTH COLLIER BLVD, UNIT 606 MARCO ISLAND, FL 34145	-
	AMBR	KATHI CLINE 870 SOUTH COLLIER BLVD, UNIT 606 MARCO ISLAND, FL 34145	-
med Agent, &		Party a marginary 1	red Agant, a
lour any est not so. with an active Florida	ट मा जातीक्षण सूचा १ पुरसित्ति प्राणि	Printer State Control of the Control	Frammany can not so. All with air notion Plotide to. 2 to the complexity of the conference of the con
JULIE SH	(Use attachment if necessary)	Committee and Sept. Committee of the Com	JULIE SHEDDE:
(If an eff the date <u>Note:</u> If	of filing.)	cannot be more than five business days prior to or 9 pplicable standory filing requirements, this date will no records.	•

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.

JULIE SHEDDEN
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)

REQUIRED SIGNATURE:

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