

L 6 0000 61647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

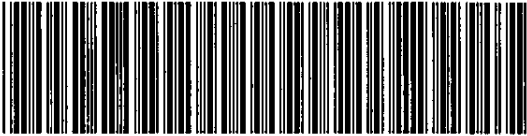
(Business Entity Name)

(Document Number)

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16 MAR 25 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

gf 3/30/16

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Marcus Larrea, 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:

Marcus Larrea  
Name of Person

Marcus Larrea, LLC  
Firm/Company

9770 Cypress Lake Drive  
Address

Fort Myers, Florida 33919  
City/State and Zip Code

Marcus@PalmParadiseTeam.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcus Larrea                      239                      634-5812  
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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 MAR 25 PM 1:30

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

Marcus Larrea, 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:

9770 Cypress Lake Drive  
Fort Myers, Florida 33919

9770 Cypress Lake Drive  
Fort Myers, Florida 33919

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:

Marcus Larrea  
Name

9770 Cypress Lake Drive  
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers                      Florida                      33919  
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)

