(Requestor's Name) (Address) (Address)	200283592872
(City/State/Zip/Phone #)	03/25/1601032025 **125.00
Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 16 HAR 25 PH 1: 30 AL APATTER, FLORDA

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•	COVER LETTER	
	Registration Section Division of Corporations	
SUBJEC	Marcus Larrea, LLC	
	Name of Limited Liability Company	
. The enclo	osed Articles of Organization and fee(s) are submitted for filing.	
Please rel	turn 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	r 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:	
\$125.001	Filing Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301Tallahassee, FL 32301	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LL	IABILITY COMPANY FILED
ARTICLE 1 - Name: The name of the Limited Liability Company is:	16 HAR 25 PM 1: 30
Marcus Larrea, LLC	SELVETARY OF STATE ALL 4548SEEL FLOFIDA
(Must end with the words "Limited Liability Company, "	

1.20

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address</u> :	Mailing Address:	
9770 Cypress Lake Drive	9770 Cypress Lake Drive	
Fort Myers, Florida 33919	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 addres	ss (P.O. Box <u>NOT</u> acc	ceptable)
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.

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR Name and Address:

Marcus Larrea 9770 Cypress Lake Drive Fort Myers, Florida 33919

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_. (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.

**REOUIRED** SIGNATURE:

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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.

Marcus Larrea

Typed or printed name of signce

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)

Page 2 of 2

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