

L16000064713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

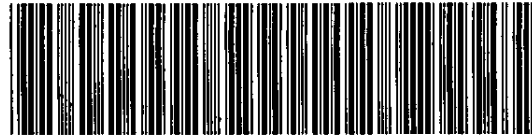
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/12/16--01009--021 **125.00

16 MAR 29 PM 12:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR - 4 2016

11:58

Inquire By Deposit Number

03/29/16

DEP Page 0021/0030

| | | | |
|---------------------|----------------------|-----------------|-----------|
| Deposit Number | : 02/12/16 01009 021 | Deposit Amount | : 125.00 |
| Account Number | : | Deposit Balance | : 0.00 |
| Refund Request Date | : | Debit Memo Date | : |
| Refund Mail Date | : | Void Date | : |
| Refund Amount | : 0.00 | User ID | : KWALKER |
| Requester | : | | |

| | | | |
|--------------------|----------------|--------------------|----------------|
| | | DOC Page | 0001/0001 |
| Tracking Number | : 000281964830 | Document Number | : 000281964830 |
| Ledger Date | : 02/12/16 | Sub Account Number | : |
| Document Requester | : | | |

| <u>Category</u> | <u>Description</u> | <u>Amount</u> |
|-----------------|----------------------|---------------|
| CF | ALL CORP FILING FEES | 125.00 |

**ROBERT D. LOVENTHAL
LAW OFFICES**

**15 Hammersmith Road Unit 13
Newport, Rhode Island 02840**

Telephone (401) 846-1351

Telephone (617) 501-8285

Telefax (401) 847-0818

Email: RDLLAW99@aol.com

March 25, 2016

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Request to File Articles of Organization

Dear Sir/Madam:

Enclosed please find a signed copy of the Articles of Organization for Mary Rando, LLC which is hereby submitted for filing. A check for \$125.00 was previously submitted to cover the filing fee.

Very truly yours,

A handwritten signature in black ink, appearing to read 'R. D. Loventhal', with a stylized flourish at the end.

Robert D. Loventhal, Esq.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

16 MAR 29 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 22, 2016

Robert D. Loventhal, Esq
15 Hammersmith Road
Unit 13
Newport, RI 02840

SUBJECT: MARY RANDO LLC
Ref. Number: W16000013075

We have received your document for MARY RANDO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is incomplete. Page 1 of the Articles of Organization is missing. I have enclosed a blank page 1 for you to fill out and return to us when you re-submit the entire document. Please have Marylyn E.Rando sign the form in the space provided at the bottom of page 2.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

New Filing Section.

Letter Number: 116A00003649

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mary Rando, 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:

Robert D. Loventhal

Name of Person

Robert D. Loventhal

Firm/Company

15 Hammersmith Road Unit 13

Address

Newport, RI 02840

City/State and Zip Code

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

For further information concerning this matter, please call:

Robert Loventhal 401 846-1351
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mary Rando, 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:

2215 San Marco Road #204

Marco Island

Florida 34145

2215 San Marco Road #204

Marco Island

Florida 34145

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:

Marylyn E. Rando

Name

2215 San Marco Road #204

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

Marco Island

FL

34145

City

State

Zip

16 MAR 29 PM 12:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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..

Mary E. Rando

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Marylyn Rando

2215 San Marco Road #204

Marco Island, FL 34145

(Use attachment if necessary)

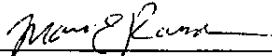
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

Marylyn E. Rando

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)

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA
16 MAR 29 PM 12:40