## L16000/56425

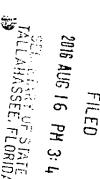
(F	Requestor's Name)	
	Address)	
()	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
<u> </u>	Business Entity Name)	
([	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	





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## **COVER LETTER**

	egistration Section vision of Corporations		
SUBJECT:	Marathon FLA Unit 81, LLC		
SUBJECT		Limited Liabilit	y Company
The enclose	ed Articles of Organization and fee(s	) are submitted f	or filing.
Please retur	rn all correspondence concerning this	s matter to the fo	llowing:
	Michael Redenbaugh		
		Name of I	Person
		Firm/Con	npany
	9668 Manitou Court		
		Addre	55
	Minocqua, WI 54548		
,	michael redenbaugh@yahoo.com	City/State and	Zip Code
<u>-</u>	- · · · ·	ised for future ar	nual report notification)
For further in	nformation concerning this matter, pl	lease call:	
	Micheal Redenbaugh	715	2201610
,	Name of Person	` <del></del>	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 Fi	iling Fee \$130.00 Filing Fee & Certificate of Status	Certifie	\$160.00 Filing Fee, d Copy copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	_	Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327		Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	ty Company is:			FIL	ED
				2016 AUG 16	PM 3: 1. 1
Marathon FLA Unit	81, LLC			<u>r-</u>	4 1
(Must end	with the words "Limited	l Liability Compa	ny, "L.L.C.," or "LLC.")	ALL HASSE	OFSTATE
				- COUNTY SEE	FLORIDA
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limit	ed Liability Company is:		
<u>Princip</u>	al Office Address:		Mailing Add	ress:	
9668 Manitou Court		96	668 Manitou Court		
Minocqua, WI 5454	8	M	linocqua, WI 54548		
	<u>-</u>				
The name and the Florida street	address of the registered	1			
		Name			
	2600 Overseas High	way, Unit 81			
	Florida street addres	s (P.O. Box <b>NO</b> )	acceptable)		
	Marathon	FL	33050-2243		
	City	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the part am familiar with and accept the old	. I hereby accept the approvisions of all statutes r	ointment as regis. elating to the proj as registered age	tered agent and agree to act per and complete performan	in this capacity. ice of my duties, a	I
		(CONTINUE)	D)		

Page 1 of 2

Title:	1 1 1 1 1 1 1 1	Name and Address:	2016 AUG 1 6	PM 3:
"AMBR" = A $"MGR" = Ma$	uthorized Member		o to loss w	ne stat
AMBR	age1	Michael Redenbaugh	SE. ETARY TALLAHASSEF	E, FLORI
		9668 Manitou Court	19	_
		Minocqua, WI 54548		<del>-</del>
AMBR		Lynn Redenbaugh		
		9668 Manitou Court		_
		Minocqua, WI 54548		<del></del>
				_
				_
				<del>-</del>
			·	_
				_
LE V: Effective date is of filing.)	listed, the date must	te date of filing: August 12, 2016  be specific and cannot be more than five be s not meet the applicable statutory filing requ	usiness days prior to or 9	
LE V: Effective date is of filing.) If the date inserument's effecti	e date, if other than th listed, the date must ted in this block does	be specific and cannot be more than five b	usiness days prior to or 9	-
LE V: Effective fective date is e of filing.) If the date inser ument's effecti LE VI: Other p	e date, if other than the listed, the date must ted in this block does to date on the Depart	be specific and cannot be more than five be s not meet the applicable statutory filing requ	usiness days prior to or 9	
LE V: Effective fective date is e of filing.) If the date inser ument's effecti LE VI: Other p	e date, if other than the listed, the date must ted in this block does be date on the Depart rovisions, if any.  SIGNATURE:  Signature of This document is I am aware that an	be specific and cannot be more than five be s not meet the applicable statutory filing requ	ve of a member.  3 (1) (b), Florida Statutes to the Department of Statutes	ot be liste
LE V: Effective fective date is e of filing.) If the date inser ument's effecti LE VI: Other p	e date, if other than the listed, the date must ted in this block does we date on the Depart rovisions, if any.  SIGNATURE:  Signature of This document is I am aware that an constitutes a third	f a member or an authorized representative executed in accordance with section 605.020 by false information submitted in a document degree felony as provided for in s.817.155, F.	ve of a member.  3 (1) (b), Florida Statutes to the Department of Statutes	ot be liste
LE V: Effective fective date is e of filing.) If the date inser ument's effecti LE VI: Other p	e date, if other than the listed, the date must ted in this block does be date on the Depart rovisions, if any.  SIGNATURE:  Signature of This document is I am aware that an	f a member or an authorized representative executed in accordance with section 605.020 by false information submitted in a document degree felony as provided for in s.817.155, F.	ve of a member.  3 (1) (b), Florida Statutes to the Department of Statutes	ot be liste
LE V: Effective fective date is e of filing.) If the date inser ument's effecti LE VI: Other p	e date, if other than the listed, the date must ted in this block does we date on the Depart rovisions, if any.  SIGNATURE:  Signature of This document is I am aware that an constitutes a third	f a member or an authorized representative executed in accordance with section 605.020 y false information submitted in a document degree felony as provided for in s.817.155, Fedenbuagh	ve of a member.  3 (1) (b), Florida Statutes to the Department of Statutes	ot be liste

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