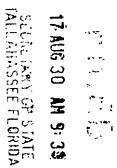
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	



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Office Use Only

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COVER LETTER

TO: New Filing Section Division of Corporations	
MarketPlace Strategies, LLC SUBJECT:	
Name of L	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:
Patricia Elizabeth Cabell	
	Name of Person
MarketPlace Strategies	
	Firm/Company
1943 Alamada Court	/
	Address
Navarre, Florida	
el. Cabelle Yahoo. Con	ity/State and Zip Code
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, plea	ase call:
Elizabeth Cabell	727 748 5573
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) S160.00 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 FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	Company is:				
Marketplace Strategie	s. LLC				
(Must conta	in the words "Limited I	Liability Compar	iy, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	ffice of the Limit	ed Liability Company is:		
<u>Principa</u>	l Office Address:		Mailing Address	<u>></u> :	
1943 Alamanda Court		19	943 Alamabda Court		
Navarre, Florida			avarre, Florida		
32566	. <u>.</u>		2566		
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac The name and the Florida street a	cannot serve as its own ctive Florida registratio	Registered Agen		17. AUG 30 SECEL JAH STALLAHAS	er er g
	Anne Redwine			SS # 0	į
		Name		ma 🚆	F 1
	1943 Alamanda Cour	1		2 S L	\$ 100 A
	Florida street address	s (P.O. Box <u>NOT</u>	[acceptable)	M 9: 39. FLORIDA)
	Navarre, Florida	32566	<u> </u>	T>	
	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..

(CONTINUED)

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member	 	
"MGR" = Manager		
MGR	Elizabeth Cabell	
	1943 Alamanda Court	
	Navarre, FL 32466	
Authroized Member	Anne Redwine	
_ _	1943 Alamanda Court	
	Navarre, FLA 32566	
		
CLEV: Effective date, if other than the date	e of filing: February 22, 2017 (OPTIONAL)	
effective date is listed, the date must be sp	pecific and cannot be more than five business days prior to or 90 (day
effective date is listed, the date must be space of filing.) If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not	-
effective date is listed, the date must be sp te of filing.)	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not	-
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REOUIRED SIGNATURE: Signature of a m This document is exect 1 am aware that any false constitutes a third degree	meet the applicable statutory filing requirements, this date will not to of State's records. The state of an authorized representative of a member and authorized representative of a member and authorized representative of a member. See information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.	-
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-