

L190000010505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

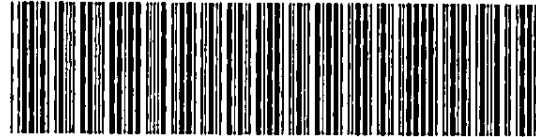
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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19 JAN 10 PM 2:16
STATE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2018

RONALD R MALONE
510 CANTERWOOD DR
MULBERRY, FL 33860

SUBJECT: MARC, LLC
Ref. Number: W18000107711

2019 JAN 10 PM 4:55

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

You failed to make the correction(s) requested in our previous letter.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

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

Keyna E Page
Regulatory Specialist II

Letter Number: 218A00026346

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: The Meraki Artists Resource Center, 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:

Ronald R. Malone

Name of Person

Meraki Artists Resource Center

Firm/Company

2607 Orleans Ave.

Address

Lakeland, FL 33803

City/State and Zip Code

ron@ronaldmalone.com

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

For further information concerning this matter, please call:

Ronald Malone	863	205-0345
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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:

The Meraki Artists Resource Center, LLC.

(Must contain 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:

2607 Orleans Avenue
Lakeland, FL 33803

2607 Orleans Ave
Lakeland, FL 33803

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:

Ronald R. Malone

Name

510 Canterwood Dr.

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

Mulberry,

FL

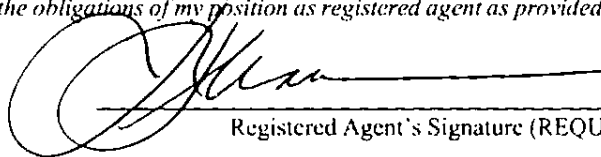
33860

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)

NOTARIAL SEAL
19 JAN 10 PM 2:16
NOTARY PUBLIC
FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Ronald R. Malone

510 Canterwood Drive

Mulberry, FL 33806

AMBR

Sharon Siebert Haeusler

2607 Orleans

Lakeland, FL 33803

(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.

Ronald R. Malone

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)

FILED
19 JAN 10 PM 2:16
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT