

L19000136708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

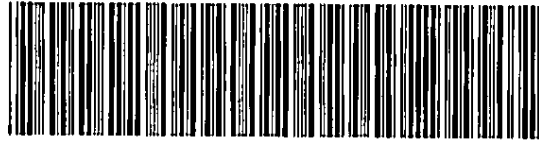
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/20/19--01023--022 **125.00

N CULLIGAN

MAY 31 2019

Marque Luxury, LLC.

21203 NW 14th Place, Apt 729 Miami Gardens, FL 33169 (954)218-2064

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

May 15th, 2019

Subject: Release of Corporation Name

This is to certify that I am the President of Marque Luxury, LLC listed under document No: L17000075340 and registered by me with the State of Florida Department of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using it in the future.

Sincerely,


Rasheed D Aruna
President

COVER LETTER

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

SUBJECT: Marque Luxury, 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:

Rasheed D Aruna

Name of Person

Marque Luxury, LLC

Firm/Company

21203 NW 14th Place, Apt 729

Address

Miami Gardens, FL 33169

City/State and Zip Code

dyspikes@yahoo.com

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

For further information concerning this matter, please call:

Rasheed D Aruna

954

218-2064

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:

Marque Luxurv, 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:

21203 NW 14th Place, Apt 729

Same as Principal Address

Miami Gardens, FL 33169

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:

Rasheed D Aruna

Name

21203 NW 14th Place, Apt 729

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

Miami Gardens

FL

33169

City

State

Zip

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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..

Rasheed D Aruna
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

MGR

Name and Address:

Rasheed D. Aruna

21203 NW 14th Place, Apt 729

Miami Gardens, FL 33169

(Use attachment if necessary)

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ALLAHABAD, FLORIDA

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.

Any and all lawful business

REQUIRED SIGNATURE:

Rasheed D Aruna

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.

Rasheed D Aruna

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)