

L20000232289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

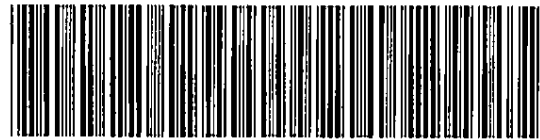
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600348551756

07/22/20--01021--001 \*\*130.00

W20000083170  
Derrick Thompson



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2020

SHIRLEY ANTHONY  
102 ROYAL PARK DRIVE, APT 1D  
OAKLAND PARK, FL 33309

SUBJECT: THE MORROW TRUST LLC  
Ref. Number: W20000083170

We have received your document for THE MORROW TRUST LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Derrick Thompson  
Regulatory Specialist II

Letter Number: 920A00014443

1 2 3 4

**SUBJECT:** THE MORROW TRUST LLC.

Please return all correspondence concerning this matter to the following:

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

954 \_\_\_\_\_ 701 \_\_\_\_\_ 0351 \_\_\_\_\_  
 \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
 Name of Person Area Code Daytime Telephone Number

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE MORROW TRUST 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:**

102 ROYAL PARK DRIVE, APT 1D  
OAKLAND PARK  
FLORIDA 33309

**Mailing Address:**

102 Royal Park Drive, Apt 1D  
Oakland Park  
Florida 33309

**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:

Shirley Wilhelmina Anthony

Name

102 Royal Park Drive, Oakland Park Florida 33309

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

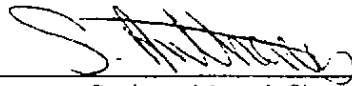
OAKLAND PARK      FLORIDA      33309

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)

**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:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

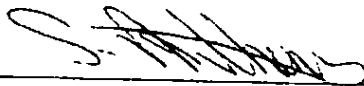
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

SHIRLEY WILHELMINA ANTHONY

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)

THIS DOCUMENT CONTAINS A TAPE WATERMARK - HOLD UP TO LIGHT TO VIEW

WesternUnionWU: WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Englewood, Colorado  
Payable at Wells Fargo Bank Grand Junction - Greenwood, N.A., Grand Junction, Colorado

**MONEY ORDER**

PUBLIX #0070 19-133209300

\$ 100.00

PAY EXACTLY ONE HUNDRED DOLLARS AND NO CENTS

PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE TRUST CO.

152 Royal Palm Dr 10 Oakland Park FL 33411

PURCHASE PRICE \$100.00

⑆102100400⑆ 40191332093006⑈

**MONEY ORDER RECEIPT - NON-NEGOTIABLE**

FOR CASH OR BY CHECK, AS THE CASE MAY BE, I HAVE PAID TO YOU THE FOLLOWING MONEY ORDER, WHICH IS SUBJECT TO THE FOLLOWING CONDITIONS:

1. YOU MUST SIGN AND RETURN TO ME THE FOLLOWING RECEIPT, WHICH IS SUBJECT TO THE FOLLOWING CONDITIONS:

2. YOU MUST SIGN AND RETURN TO ME THE FOLLOWING RECEIPT, WHICH IS SUBJECT TO THE FOLLOWING CONDITIONS:

PERFORM TO OBTAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the MONEY ORDER before you cash it.

**PURCHASE AGREEMENT:** You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not keep payment on or replace, or refund a lost or stolen WUFSI Money Order, (1) you fill in the back of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately and (3) You provide WUFSI with the original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-369-9628.

\* 19133209300 \*



LOAD THIS DIRECTION, THIS SIDE UP

LOAD THIS DIRECTION, THIS SIDE UP

(Step 3 of 3) Thank you for your payment.

Please print this receipt and keep it for your records.

Tracking Number : 200349474302

Document Number : NEW

Payment Amount : \$70.00

Receipt Number : 3785539766

Transaction Date : 08/01/2020 12:09 PM

Payment Type :

**VISA**

Account Number : 12149

Please refund my CC 2nd  
company MORROW TRUST, LLC  
not needed