

L2000331361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

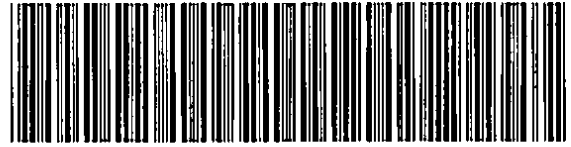
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/14/21--01015--025 **155.00

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21 JUL 14 PM 11:45
SECRETARY OF STATE
TALLAHASSEE, FL 32399

537.21.21

COVER LETTER

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

SUBJECT: LRossMarshall 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:

Linwood Ross Marshall

Name of Person

LRossMarshall

Firm/Company

12558 Highview Court

Address

Jacksonville Florida 32225

City/State and Zip Code

Lrm49@att.net

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

For further information concerning this matter, please call:

Linwood Ross Marshall 904 307-7987
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" 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) |
|--|---|--|---|

Mailing Address

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

Street Address

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

21 JUL 11, PM 11:45
STATE OF FLORIDA
TALLAHASSEE, FL 32303

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LRossMarshall 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:

12558 Highview Ct
Jacksonville Florida
32225

Mailing Address:

12558 Highview Ct
Jacksonville Florida
32225

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.)

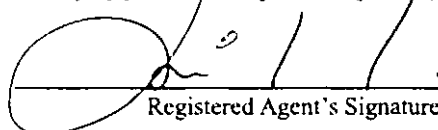
The name and the Florida street address of the registered agent are:

Linwood Ross Marshall
Name

12558 Highview Court
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville Florida 322225
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)

21 JUL 14 PM 11:45
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Linwood Ross Marshall
12558 Highview Court
Jacksonville Florida 32225

MGR

Linwood Ross Marshall
12558 Highview Court
Jacksonville Florida 32225

(Use attachment if necessary)

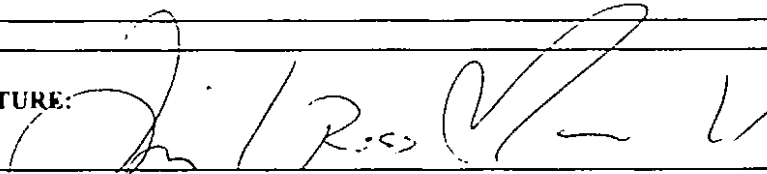
ARTICLE V: Effective date, if other than the date of filing: 9-1-21 (OPTIONAL)

(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.

Linwood Ross Marshall

Typed or printed name of signer

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)

DEPARTMENT OF
STATE
JUL 16 2021

21 JUL 16 PM 11:45

FILED