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Division of Corporations  
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**From:**

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Email Address: WENDOLYNMARTE@GMAIL.COM

### FLORIDA LIMITED LIABILITY CO.

#### Mars Doula LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Mars Doula LLC**

(Must end with 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:**7312 Kaha Street  
Orlando, FL 32822**Mailing Address:**7312 Kaha Street  
Orlando, FL 32822**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:

Wendolyn Marte

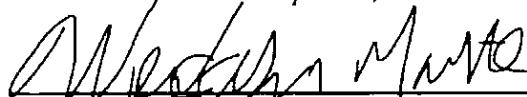
Name

7312 Kaha StreetFlorida street address (P.O. Box NOT acceptable)OrlandoFL 32822

City

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)

Wendolyn Marte

(CONTINUED)

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#### ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

WGR ~~WGR~~  
**AMBR**

**Name and Address:**

Wendolyn Marte

---

7312 Kaha Street

Orlando, FL 32822

1. *What is the relationship between the two main characters?*

(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.)

**ARTICLE VI: Other provisions, if any.**

**REQUIRED SIGNATURE:**

E: Wendy Morris

**Signature of a member or an authorized representative of a member.**  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Wendolyn Marte

Wendylyn Marte  
Typed or printed name of sponsee

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W. H. DAVIS, JR., ST. LOUIS,  
MISSOURI, CHIEF OF STAFF  
TO THE  
COMMISSIONER  
OF THE  
FLORIDA  
DEPARTMENT  
OF  
AGRICULTURE.

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