

L23000253275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

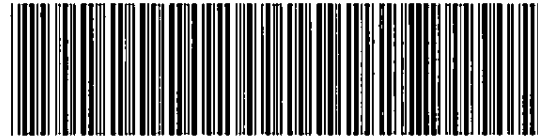
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Office Use Only



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S. CHATHAM
MAY 24 2023

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2023 MAY 24 PM 12:30
S-1

RECEIVED
2023 MAY 24 PM 12:06
REGISTRATION DIVISION
SECRETARY OF STATE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Marjorie Mist 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.

Patrice Bryant
Name of Person

Firm/Company

PO Box 3841 Tallahassee FL
Address

City State and Zip Code
Marjorie mist 12@gmail.Com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Patrice Bryant at (850) 545-8188
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
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:

MARJORIE MIST - 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:
<u>908 Summer Brooke Dr</u>	<u>P.O. Box 3841</u>
<u>Tallahassee FL 32312</u>	<u>Tallahassee FL 32315</u>

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:

Patrice Bryant
Name
908 Summer Brooke Dr.
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32312
City State Zip

2023 MAY 24 PM 12:30
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I, _____, having been named as registered agent and to accept service of process for the above stated limited liability company at the _____ 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..

Patrice Bryant
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

AmBR

Name and Address:

Patrice Bryant
909 Sumner Dr Tallahassee FL
32312

G.M., Rosetta Ford

3825 Gozelo
Donc LA Unit 1113
Tampa FL 33613

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5-24-23 (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 Leaked Items

REQUIRED SIGNATURE:

Patrice Bryant

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.

PATRICE Bryant

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)