

(Rec	uestor's Name)	-
(Add	lress)	
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(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name	e)
(Doc	ument Number)	·
Certified Copies	Certificates o	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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COVER LETTEL

	New Filing Sect Division of Cor	=		•
SUBJEC*	<u> </u>	ar dee Pr Name of Lim	od, ited Liability Compan	
The enclo	sed Articles of (Organization and fee(s) are	submitted for filing.	
Please ret	um all corresno	ndence concerning this mat	tter to the following:	
	L'Q_	amin Bar	t.le ##	
			Pirmucompar_	
	_	11 ADAMS		
	H	bornfield	ty/State and Zip Code (a) QO (b) M for future annual report notificati	on)
For turther	information cor	cerning this matter, please	call:	
	MARK	Borneld of Person	ea Code Daytime Telephone	979 Number
Enclosed	is a check for th	e following amount:		
\$125.0	0 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 C Certified Co; (additional copy is enclosed)
	<u>:-dilin</u>	2 Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 SCALUEC STATE CONVINCENT OF STATE (

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
	nark sornfield
AMBR	Holly whool for 22224
MGR	170 cty wood 70 33020
M G 12	D'ann Bartlett
AMBR	
א בו ואידו	Milywood, 1 33020
-MGR	
, (
(Jse attachment if necessary)	
·	4
RTICLEV: Effective date, if other than the date	e of filing: Junuary 1 2025 (OPTIONAL)
an effective date is listed, the date must be so e date of filing.)	pecific and cannot be more than five business days prior to or 90 days at
	meet the applicable statutory filing requirements, this date will not be liste
e document's effective date on the Denartment	of State's record:
RTICLE VI: Other provisions, 11 an	
•	

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, am aware that any raise information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

MARK BORNFIFLD

vped or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optiona)

\$ 5.00 Certificate of Status (Optional)

TWIS AND AND STANK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE I - Name:

The name of the Lir	nited Liability Co	mpany is:			
	MAR	DEE LL			
	(Must contain t	he words "Limited Liah	ility Company, "L.L.C.,"	or "LLC.")	
ARTICLE II - Add The mailing address		ss of the principal office	of the Limited Liability (Company is:	
	Principal O	ffice Address:		Mailing Address.	
2141	ADAMS	<+	2611	ANDINA	<+

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 mother business entity with an active Florida registration.)

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Jame

2611 ADAMS St

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

Hollywood FL 3307D

City State 2"

Having been named as registered agent and to accept service of process for the above stated limited liability company at inplace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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.

(CONTINUED)

ANTERSTANCE STATES