

# L960000000349

## TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

700001733237  
-03/05/96--01112--016  
\*\*\*\*\*225.00 \*\*\*\*\*225.00

SUBJECT: Morrison Group  
(Proposed limited liability company name - must include suffix)

700001733237  
-03/29/96--01032--020  
\*\*\*\*\*60.00 \*\*\*\*\*60.00

Enclosed is an original and one (1) copy of the articles of organization and a check for :

☐ \$285.00  
Filing Fee  
& Registered  
Agent designation  
Certificate

☐ \$293.75  
Filing Fee,  
Registered Agent  
Designation &  
Certified Copy

☐ \$337.50  
Filing Fee,  
Registered Agent  
Designation &  
Certified Copy &

☐ \$346.25  
Filing Fee,  
Registered Agent  
Designation,  
Certificate

FROM: Victoria Morrison  
Name (Printed or typed)

6598 Katherine Rd.  
Address

WPA FL 33413  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

96 MAR 27 PM 3:24

FILED

678 524 1130 671  
W96-4893

NOTE: Please provide the original and one copy of the articles.

GB 3/27/96



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 5, 1996

VICTORIA MORRISON  
6598 KATHERINE RD  
WEST PALM BEACH, FL 33413

SUBJECT: MORRISON GROUP, INC., L.L.C.  
Ref. Number: W96000004893

We have received your document for MORRISON GROUP, INC., L.L.C. and check(s) totaling \$225.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

**YOU CAN NOT USE THE SUFFIX INC., WITHIN THE NAME OF A LIMITED LIABILITY COMPANY.,**

The fees for a limited liability company breakdown as follows: \$250 filing fee, \$35 for designation of registered agent, \$52.50 for an optional certified copy, and \$8.75 for an optional certificate of status.

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 (904) 487-6931.

Garrett Blanton  
Document Specialist

Letter Number: 296A00009750

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is MORRISON GROUP, L.L.C.

**ARTICLE II - ADDRESS**

The mailing and street address of the principal office of the Limited Liability Company is 6598 KATHERINE ROAD; WEST PALM BEACH, FLORIDA, 33413

**ARTICLE III - DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - ADDRESS**

The Limited Liability Company is to be managed by a manager or managers and the name and addresses of such managers who are to serve as managers is:

**NAME**

**ADDRESS**

RONALD MORRISON

6598 KATHERINE ROAD  
WEST PALM BEACH, FL 33413

VICTORIA MORRISON

6598 KATHERINE ROAD  
WEST PALM BEACH, FL 33413

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STATE  
TALLAHASSEE  
CLERK OF COURT

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of  
MORRISON GROUP, L.L.C.

deposes and says:

1. The above named Limited Liability Company has at least two (2) members.
2. The total amount of cash contributed by the member(s) is \$600.00.
3. If any, the agreed value of property other than cash contributed by member(s) is \$15,000. A description of the property is attached and made a part hereto.
4. The total amount of cash or property anticipated to be contributed by member(s) is \$15,600. This total includes amounts from 2 and 3 above.

  
RONALD MORRISON

SECTION 607.01, F.S.  
FALL 2000

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT / REGISTERED OFFICE**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507,  
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY  
COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING  
THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE  
OF FLORIDA.

1. The name of the Limited Liability Company is **MORRISON GROUP, L.L.C.**
2. The name and address of the Registered Agent and office is:

RONALD MORRISON  
6598 KATHERINE ROAD  
WEST PALM BEACH, FL 33413

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 related  
to the proper and complete performance of my duties, and I am familiar with  
and accept the obligations of my position as Registered Agent.

  
RONALD MORRISON

3-10-96  
DATE

## **PROPERTY CONTRIBUTED BY MEMBERS**

- (1) GMC STEP-UP TRUCK 1974
- (2) OFFICE DESKS & CHAIR
- (1) COPY MACHINE- CANNON
- (4) CLIENT CHAIRS (1) CANON COPIER
- (1) SHARP FAX MACHINE

### **MISCELLANEOUS OFFICE EQUIPMENT**

- (1) REMINGTON TYPEWRITER

### **MISCELLANEOUS TOOLS AND EQUIPMENT**

- (1) CHRYSLER LEBARON AUTOMOBILE- 1986
- (1) FORD VAN - 1988 - CONVERSION

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TALLAHASSEE FLORIDA