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Special Instructions to	Filing Officer.	· · · <del></del>
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Office Use Only



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SECRETARY OF STATE

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D. O'KEEFE MAR 3 0 2022

## COVER LETTER

	v Filing Secti ision of Corp								
SUBJECT:	T	he N	Marke Name of Limi	+ Te	Company	LL		_	
The enclosed	l Articles of C	)rganizatior	and fee(s) are	submitted fo	r filing.				
Please return	all correspor	idence conc	erning this matt	er to the fol	lowing:				
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_				Name of Pe	erson				
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	Е	-mail addre	ss: (to be used t	for future an	nual <del>rep</del> ortatoti	ification)	)		
For further in	formation con	cerning this	s matter, please	call:					
	Joe	Wor	at (_	741_	713	87	52	<del></del>	
_	Name	of Person	Ar	ea Code	Daytime Tele	phone N	Sumber		
Enclosed is	a check for th	ie following	g amount:						
□\$125.00	Filing Fee		0 Filing Fee & te of Status	Certifie	.00 Filing Fee d Copy I copy is enclos	sed)	Certifi Certific	0.00 Filing Fec. cate of Status & ed Copy al copy is enclos	ied)
	Mailin	o Address		;	Street Address				

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

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

Principal Office Address:

another business entity with an active Florida registration.)

The Market Techs LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

Mailing Address:

ARTICLE 1 - Name:

ARTICLE H - Address:

The name of the Limited Liability Company is:

the name and the Florida st	reet address of the registered agent are:		
	Name Name	pe St	
	Florida street address (P.O. Box NOT a	<del></del>	
	Tallahassee FL	32303	
	City State	Zip	
further agree to comply with t	Registered Agent's Signa  (CONTINUED)	r and complete performance of my di as provided for in Chapter 605, F.S.	uties, and I
			SECR

**AMBR" = Authorized Member	<u>e:</u>	Name and Address:
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  Tellipha See   FL 33303  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  Tellipha See   FL 30303  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  Tellipha See   FL 30303  (OPTIONAL)  feetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 do of filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  The document is executed in accordance with section 605.0203 (1) (8). Florida Statutes. If m aware that use false information submitted in a document to the Department of State constitutes a first degree felony as provided for in s.\$17.155, F.S.  Typed or printed harms a signal  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		Joe Morris
(Use attachment if necessary)  (OPTIONAL)  (OPTIONAL)		1505 W Tharpe St
Section   Sect	17111-1	Out # 3634 D
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:		Tallahassee, FL 32303
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