

LD20000032211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200008999042

11/18/02--01066--008 **125.00

02:05:27 AM 11:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

W02-32900

12-0302

Mark Auvil Enterprises, LLC.
12442 89th Place North
West Palm Beach, Florida 33412
(561)791-3510

To Whom It May Concern,

Here is my Articles of Organization, along with my check for \$125.00. If you have any questions you can reach me at the above phone number.

Thank you,

Mark Auvil

APPROVED
AND
FILED
02 DEC -2 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

November 19, 2002

MARK AUVIL
MARK AUVIL ENTERPRISES, LLC
12442 89TH PLACE NORTH
WEST PALM BEACH, FL 33412

SUBJECT: MARK AUVIL ENTERPRISES, LLC
Ref. Number: W02000032900

We have received your document for MARK AUVIL ENTERPRISES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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 (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 102A00062440

02 DEC -2 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Mark Avril Enterprises, LLC.

ARTICLE II - Address:

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

12442 89th Place North West Palm Beach, FL 33412

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are: 12442 89th Pl. N. WPB FL 33412

Mark Avril
Name

12442 89th Pl N. WPB FL 33412
Florida street address (P.O. Box **NOT** acceptable)

WPB, FL FL 33412
City, State, and 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 608, F.S.


Registered Agent's Signature

02 DEC -2 AM 11:24
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARK AVRIL
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)