L03000050266

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
LI FICK-OF LI WAII
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L

Office Use Only



200024972852

12/01/03--01045--018 **160.00



J. BRYAN DEC - 5 2003

TRANSMITTAL LETTER

SUBJECT: MARK S. PAGE BUILDING CONTRACTER 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:

MARK S. PAGE

(Name of Person)

MARK S. PAGE BUILDING CONTRACTOR LLC

(Firm/Company)

9783 SE HOTH ST RD

(Address)

BELLENEW, FL 34420

(City/State and Zip Code)

STREET ADDRESS:

MARKS. PAGE

(Name of Person)

TO:

Registration Section

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

at (352) 812-8179 (Area Code & Daytime Telephone Number)

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARKS PAGE BUILDING CONTRAC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

9783 SE NOTH STRD

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

The name and the Florida street address of the registered agent are:

MARK S. PAGE Name

9783 SE 110TH ST RD
Florida street address (P.O. Box NOT acceptable)

BELLEVIEW FLORIDA 34420
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, Florida Statutes..

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Name and Address:

MARK S. PACE

9783 SE HOTH ST RD

9784 SE HOTH ST RD

9784 SE HOTH ST RD

9784 SE HOTH ST

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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 S. PAGE
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)