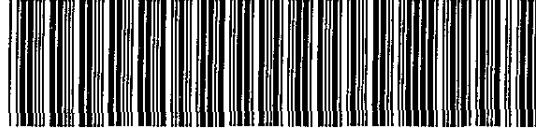


L04 00000 72 12

(Domestic Name)

MARK Sherman Palmer ✓
10 Holly Rd Palm Coast
Palm Coast, FL 32137



000027251580

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

01/21/04--01049--001 **125.00

(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARK Sherman Palmer Home Improvement
(Name of Limited Liability Company) LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK Sherman Palmer
(Name of Person)

MARK Sherman Palmer Home Improvement LLC
(Firm/Company)

10 HOLL RD
(Address)

Palin Coast FL 32137
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK Sherman Palmer at (386) 446-4526
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MAILING ADDRESS:
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:

MARK SHERMAN PALMER Home Improvement, LLC

ARTICLE II - Address:

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

Principal Office Address:

10 HOLL RD
PAIM COAST
FL 32137

Mailing Address:

10 HOLL RD
PAIM COAST
FL 32137

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CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

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

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

MARK SHERMAN PALMER
Name

10 HOLL RD
Florida street address (P.O. Box NOT acceptable)

PAIM COAST FLORIDA 32137
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..

[Signature]
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

MARK Sherman Palmer

1000 Hill Rd

11000 Coast Pl 32137

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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

REQUIRED SIGNATURE:

MARK S. Palmer

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. Palmer

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)