

L040000/99 19

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

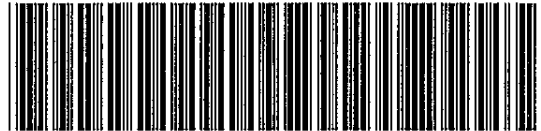
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100029627841

03/04/04--01034--014 **160.00

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 MAR -4 PM 1:41

LC 03/15/04

up

312101

MARK RENAUD L.L.C.

RONALD MARK RENAUD

4314 GILLOT BLVD

PORT CHARLOTTE FL.

33981

Home #

941-697-3225

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -4 PM 1:41

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARK Renaud L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

4314 Gillot Blvd
PT. Charlotte FL.
33981

Mailing Address:

4314 Gillot Blvd
PT. Charlotte FL.
33981

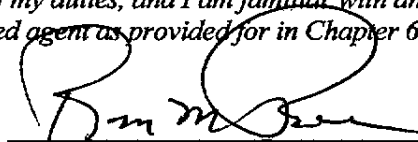
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Ronald MARK Renaud
Name
4314 Gillot Blvd
Florida street address (P.O. Box NOT acceptable)
PT. Charlotte FLORIDA 33981
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -4 PM 1:41

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..



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:

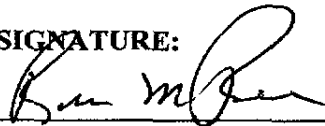
MGR

Ronald MARK Renaud
4314 Gillet Blvd
PT. CHARLOTTE FL 33981

(Use attachment if necessary)

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.)

Ronald MARK Renaud

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -4 PM 1:41