L04000033431

(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	WA IT	MAIL
(Bu	siness Entity Na	nme)
(Do	cument Number)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
Name Availabilit y		
Decument Examiner		
Up later	Office Use O	nlv
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V/. P. Verifyer	ncc	



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TRANSMITTAL LETTER

	istration Section ision of Corporations					
SURJECT:	Mark R. Wendle Property Service	es, LLC				
50202011		mited Liability Compa	uny)		-	
The enclosed	Articles of Organization and fee(s) a	are submitted for filing	<u>.</u>			
	Please return all correspo	ndence concerning thi	s matter to the following:			
		Mark R. Wendle				
		(Name of Person)				
	Mark R.	Wendle Property Se	ervices, LLC			
		(Firm/Company)				
	122	7 Ponce De Leon Bl	vd			_
		(Address)				
		Clearwater, FL 3375		<u></u>		
	(City/State and Zip Code)			
For further in	nformation concerning this matter, pl	ease call:				
	Christi Richardson	at (727	446-2598		_	
	(Name of Person)	(Area Code	& Daytime Telephone Numb	SECULIVE SEC	731 ASA 26 P	
	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		₽ 15	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Add	dress: s and street address of t	ne principa	al office of the Lim	ited Liab	ility Comp
Principal Office A			Mailing Addr		•
1227 Ponce De Leon	Blvd.		1227 Ponce De	Leon Blvd	l
Clearwater, FL 33756	3		Clearwater, FL 3	33756	
	egistered Agent, Regis Florida street address of			Agent's S	lignature:
	Torida street address of	the registe	ered agent are:	Agent's S	iignature:
	Torida street address of	the registe . Wendle Name e De Leon F	ered agent are:	Agent's S	ignature:
	Mark F 1227 Ponc Florida street addre	the registe . Wendle Name e De Leon F s (P.O. Box	Blvd. NOT acceptable)	Agent's S	iignature: 231 AN 26 P

Page 1 of 2 (CONTINUED)

<u> Citle:</u>	Name and Address:	
MGR" = Manager		
MGRM" = Managing Member	er	
Use attachment if necessary)		
IOTTE A PILAT I AT I		4 9
OIE: An additional articl	e must be added if an effective date is reque	ested.
REQUIRED SIGNATURE:		
	7 \ \ \	
· III.O. K	-, Wo	
Signature of a mem	ber or an authorized representative of a member.	355 Y
(In accordance with	section 608.408(3), Florida Statutes, the execution	(*1 .00
of this document cor	stitutes an affirmation under the penalties of perjury	
that the facts stated i	ŕ	
Mark R	Typed or printed name of signee	ن `

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)