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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

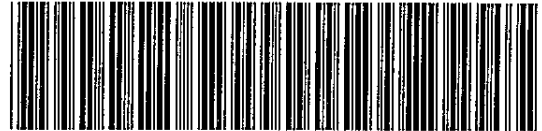
(Document Number)

Certified Copies \_\_\_\_\_

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FILED  
2004 JUN 21 PM 4:01  
J. BRYAN REGISTRATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUN 22 2004

**MARK ALLIN**  
4850 NW 140<sup>th</sup> Street  
Chiefland, Florida 32626  
Daytime Telephone: (352) 490-6159

FILED  
2004 JUN 21 PM 4:01  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Via First Class U.S. Mail

June 10, 2004

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: Filing new Articles of Organization for Mark's Landscaping LLC

Dear Sirs:

Enclosed please find on behalf of myself, Mark Allin, as the sole organizer, member and managing member of a new Florida limited liability company to be named Mark's Landscaping LLC, the following:

1. a check in the amount of \$130.00 for the cost of filing new articles of organization, designation or registered agent, and certificate of status for Mark's Landscaping LLC;
2. original Articles of Organization for Mark's Landscaping LLC;
3. transmittal letter for filing new articles of organization.

Upon the filing of these new articles of organization, please send the certified copy and certificate of status to me at the following address:

Mark Allin c/o Mark's Landscaping LLC  
4850 NW 140<sup>th</sup> Street  
Chiefland, Florida 32626  
Daytime Telephone: (352) 490-6159

Please advise if you have any questions.

Sincerely,



Mark Allin, Managing Member  
Mark's Landscaping LLC

Enclosures

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mark's Landscaping 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 Allin

(Name of Person)

Mark's Landscaping LLC

(Firm/Company)

4850 NW 140th Street

(Address)

Chiefland, Florida 32626

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Allin

(Name of Person)

at ( 352 ) 490-6159  
(Area Code & Daytime Telephone Number)

**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

FILED  
2004 JUN 21 PM 4:01  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

FILED  
2004 JUN 21 PM 4:01  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Mark's Landscaping LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4850 NW 140th Street

Chiefland, FL 32626

**Mailing Address:**

4850 NW 140th Street

Chiefland, FL 32626

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

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

Mark Allin

Name

4850 NW 140th Street

Florida street address (P.O. Box **NOT** acceptable)

Chiefland

32626

FLORIDA

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..*

Registered Agent's Signature

Mark Allin

FILED  
2004 JUN 21 PM 4:01  
JUNIOR CORPORATION  
TALLAHASSEE, FLORIDA

**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:**

MGRM

Mark Allin

4850 NW 140th Street

Chiefland, FL 32626

(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.)

Mark Allin

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)