

L04000051787

(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



100038340241

07/09/04--01037--008 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -9 PM 3:26

W07/13/0

4p

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARK HAMILTON Repairs & Const. 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 HAMILTON

(Name of Person)

MARK HAMILTON Repairs & Const. LLC

(Firm/Company)

PO Box 3083

(Address)

LAK City FL 32056-3083

(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -9 PM 3:26

For further information concerning this matter, please call:

Mark Hamilton

(Name of Person)

at (386) 719-7088

(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARK HAMILTON Repairs & Const. LLC

ARTICLE II - Address:

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

Principal Office Address:

PO Box 3083
LAKE City FL
32056-3083

Mailing Address:

Same

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -9 PM 3:26

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

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

MARK W. HAMILTON

Name

2812 S. Marion Ave

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

LAKE City FLORIDA 32025

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.

Mark W. Hamilton

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 W. HAMILTON
P O Box 3083
LAKE CITY FL 32056-3083

(Use attachment if necessary)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL - 9 PM 3:26

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

REQUIRED SIGNATURE:

Mark Hamilton

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 W. HAMILTON

Typed or printed name of signer

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)