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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Marcum Home Improvement LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Deborah H. Dobbs (Name of Person)	
Accounting Resources (Firm/Company)	
315 Briggs Lane (Address)	
Panama City FL 32409 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Deborah H. Dobbs at (850) 271-9400 (Name of Person) at (850) 271-9400 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\Bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
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	A STATE OF

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Marcum Home Impr	ovement LLC			
ARTICLE II - Address:		lite. Con		. ia.
The mailing address and street address of the prin	ncipal office of the Limited Liabi	my Coi	npany	/ 18:
Principal Office Address:	Mailing Address:			
6416 Lake Suzzanne Place Panama City, Fl 32404				
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Si	gnatur	e:	
The name and the Florida street address of the re	gistered agent are:			
Donald Mar	cum			
Name				
6416 Lake Suz	ces (P.O. Box NOT acceptable)			
Panama City City, State, an	FL 32409			
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as registered.	ccept service of process for the abo is certificate, I hereby accept the a I further agree to comply with th formance of my duties, and I am fo	ppointn e provis miliar v	nent a ions o with a	s of all nd
Donald Ma Registered Agent's	ncum_ Signature	TALLAHASSE	05 FEB 21	kan jir B Kila kila
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ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Donald Marcum 6416 Lake Suzzanne Place Panama City, FI 32404
- · · · · · · · · · · · · · · · · · · ·	
	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member on	Marcum ran authorized representative of a member.
	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECATION FINAL

d Marcum
Typed or printed name of signee