2005 KIR ILI P 2: 30

\*\*125.00

	2. 30
(Requestor's Name)	TALLAS A SECTION
(Address)	
(Address)	
(City/State/Zip/Phone #)	03/14/0501035015 **125
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

# TRANSMITTAL LETTER

FILED

TO: Registration S Division of Co			2005 MAR (4 P 2: 30
SUBJECT:	MARK 'S (Name of Limite	MOBILE W	RENCH
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	MARK	LANG Name of Person)	<del></del>
	·	Thine of Forgotty	
	MARK'S MO	OB/LE WREA	CH, LLC
	-721 Ohio	S.1. (Address)	<del></del>
	Melbourne (bity)	FL 329D  (State and Zip Code)	<del>'/</del>
For further information	concerning this matter, please	cail:	
Mark La	of Jerson)	at (32/) 95 (Area Code & Daytime?	2-1826 Telephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fce, Certificate of Status & 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

FILED

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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, F.S.

Registered Agent's Signature

(CONTINUED)

	inager(s) or Managii ess of each Manager o	ng Member(s): or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager		Name and Address:	FILED
"MGRM" = Manage			2895 MAR 14 P 2: 30
MGR		Mark Lang 2721 Ohio St. Melsourne, FL 329	TALLAPIASS F. FLORIDA
			<del></del>
			<del></del>
			<del></del>
(Use attachment if I	necessary)		
NOTE: An addition	onal article must be a	added if an effective date is reques	sted.
REQUIRED SIGN	IATURE:		
	The	é e C	
Si	gnature of a member or	an authorized representative of a memb	er.
(I of	this document constitutes that the facts stated herein		iry
-	MAKK	E LANG or printed name of signee	_

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)