

**L05000034584**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

**LIMITED LIABILITY COMPANY**

**Mark A Deel LLC**

Certificate of Status	1
Certified Copy	0
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J. BRYAN APR 11 2005

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

H05000086941

ARTICLE I - Name

The name of the Limited Liability Company is: **Mark A Deel, LLC**

ARTICLE II - Address

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

Principal Office Address:

29392 Maris Drive

Punta Gorda, FL 33982

Mailing Address:

29392 Maris Drive

Punta Gorda, FL 33982

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2005 APR -8 AM 8:52  
JENNIFER L. HARRINGTON  
TALLAHASSEE, FLORIDA

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

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

**Mark A. Deel**

Name

**29392 Maris Drive**

(P.O. Box or Mail Drop Box **NOT** Acceptable)

**Punta Gorda, FL 33982**

(City / State / 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, F.S.*



Registered Agent's Signature - Mark A. Deel

ARTICLE IV - Manager(s) or Managing Member(s):

H05000086941

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Mark A. Deel- 29392 Maris Drive, Punta Gorda, FL 33982

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or 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 A. Deel

Typed or printed name of signee

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HALL COUNTY, FLORIDA