

L05000092367

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

*Mark Trulso* GAVE

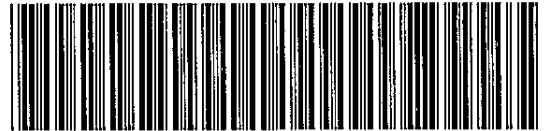
AUTHORIZATION BY PHONE TO

CORRECT *Art. II, I + IV*

DATE *9/20/05*

CC EXAM *cut*

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08/26/05--01001--016 \*\*130.00

05 SEP 20 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*1005-2777*

*New Fla. LLC*

*Wet 9/20*

*FF \$125*



## Division of Corporations

### Receipt

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MARK TRULSON  
202 CRESCENT AP-3  
FT MYERS FL  
33931

239-822-9476

mark Trulson LLC

W05-39779



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 23, 2005

MARK TRULSON  
202 CRESCENT APT. 3  
FT. MYERS, FL 33931

SUBJECT: MARK TRULSON LLC  
Ref. Number: W05000039779

Enclosed please find the form and instructions for filing a new Florida limited liability company. Because you failed to complete this process online, you must complete the attached form and return it to this office for processing. We will apply the \$130 previously submitted to your filing once it is received. Please return the completed form to the attention of the undersigned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock  
Senior Section Administrator

Letter Number: 605A00053412

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MARK TRULSON LLC

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MARK TRULSON  
(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 TRULSON  
(Name of Person)

MARK TRULSON  
(Firm/Company)

202 CRESCENT ST. APT - 3  
(Address)

FT. MYERS BEACH FL. 33931  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK TRULSON at (239) 822-9476  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MARK TRULSON LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

202 CRESCENT ST APT-3  
FT MYERS FL 33931  
Beach

SAME

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

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

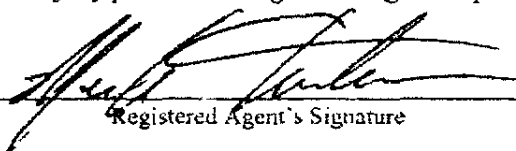
MARK TRULSON  
Name

202 CRESCENT ST. APT-3  
Florida street address (P.O. Box NOT acceptable)

FT. MYERS BEACH FL 33931  
City, State, and Zip

**FILED**  
05 SEP 20 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

**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:**

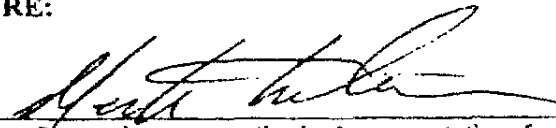
MGRM

MARK TRULSON  
202 CRESCENT ST Apt. 3  
FT MYERS FL 33931  
Beach

(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 TRULSON  
Typed 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)