

W05000119051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

12/12/05--01030--010    \*\*125.00

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

WIS-11905  
OK

RECEIVED  
12-2-06

FILED

2005 DEC -9 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MARKEE DISTRIBUTORS, 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:

JOSEPH M. MARCHESANI

(Name of Person)

(Firm/Company)

18402 LITTLE OAKS DRIVE

(Address)

JUPITER, FL. 33458

(City/State and Zip Code)

2005 DEC - 9 PM 3: 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

For further information concerning this matter, please call:

JOHN W. KURTZ

(Name of Person)

at ( 561 ) 842-1933

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee  \$130.00 Filing Fee & Certificate of Status  \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### MARKEE DISTRIBUTORS, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

18402 LITTLE OAKS DRIVE  
JUPITER, FL 33405

#### Mailing Address:

18402 LITTLE OAKS DRIVE  
JUPITER, FL 33408

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**  
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOSEPH M. MARCHESANI

Name

18402 LITTLE OAKS DRIVE

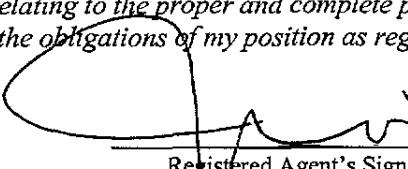
Florida street address (P.O. Box NOT acceptable)

JUPITER,

FL 33458

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, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2005 DEC - 9 PM 3: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**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

MGR

**Name and Address:**

JOSEPH M MARCHESANI

18402 LITTLE OAKS DRIVE

JUPITER, FL 33405

MGRM

COLLEEN M. MARCHESANI

18402 LITTLE OAKS DRIVE

JUPITER, FL 33458

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 02,2006

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

2005 DEC - 9 PM  
OPTIONAL  
SECRETARY OF STATE  
TALLAHASSEE, FL

**FILED**

**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.)

JOSEPH M. MARCHESANI

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)