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SECREIGHT OF STATE
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TRANSMITTAL LETTER

TO: Registration Division of C			
SUBJECT:	Cork Publications	and Bookkeeping, LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
<u> </u>	Stephen D		
	O	Name of Person)	
	Cork Publication	s and Bookkeeping, LLC	
		Firm/Company)	
	4962 Candi	ebush Cir	
Angele de Marie de La Carte de		(Address)	
	Sarasota, I	FL 34241	
	(City.	(State and Zip Code)	
For further information	n concerning this matter, please	call:	
Stepher	D Cork	at (941) 377-5485	5
(Nar	ne of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check	for the following amount:		
□ \$125.00 Filing Fe	e ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:		MAILING Registration	ADDRESS:
Registration Section Division of Corporations 409 E. Gaines Street		Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Con	npany is:			
Cork Publications and Bookkeeping, 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:			
4962 Candlebush Cir	4962 Candlebush Cir			
Sarasota, FL 34241	Sarasota, FL 34241			
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature:			
The name and the Florida street address	s of the registered agent are:			
Ste	ephen D. Cork			
	Name			
496:	2 Candlebush Cir			
Florida	a street address (P.O. Box NOT acceptable)			
•	Sarasota, FL 34241			
	ty, State, and Zip			
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	at and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S			

(CONTINUED)

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VO6 FEB 23 PM 3: 34 SECRETANT OF STATE

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 Membe	Name and Address:
Managing Monto	·4
MGR	Stephen D. Cork
	4962 Candlebush Cir
	Sarasota, FL 34241
MGMR	Margaret M. Cork
	4962 Candlebush Cir
	Sarasota, FL 34241
(Use attachment if necessary)	
NOTE: An additional article	e must be added if an effective date is requested.
REQUIRED SIGNATURE:	And Inl
Signature of a	member or an authorized representative of a member.
of this docume	with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury s stated herein are true.)
	Stephen D. Cork
	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)

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APPHOVED