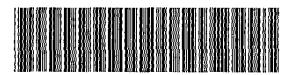
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(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	• #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
<u> </u>	cument Number)			
Certified Copies	·	of Status		
Special Instructions to	Filling Officer:	C		

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Co				
SUBJECT: Markus And		ndrew LLC) .		
		(Name of Limited	d Liability Compa	any)	
The en	closed Articles of	f Organization and fee(s) are so	ubmitted for filing	g,	
Please	return all corresp	ondence concerning this matte	r to the following	; :	
		Ma	rk A. Loya	ıck	
		O	Name of Person)		
			Firm/Company)	·_	
				Dlud	
	3301 Trentwood Blvd. (Address)				
		Orlando	, Florida	32812	
			State and Zip Code		
For fu	rther information	concerning this matter, please	call:		
	Mark A	A. Loyack	at (407	、855-62	235
	(Name of Person)		at (407) 855-6235 (Area Code & Daytime Telephone Number)		
Enclo	sed is a check fo	or the following amount:			
☐ \$125.00 Filing Fee		\$155.00 F Certified Cop (additional copy	у	S160.00 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	Registrati Division Clifton E 2661 Exc	ourier Addression Section of Corporation Suilding ecutive Center	ns · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	is:					
Markus Andrew LLC.						
(Must end with the words "Limited Liability Company, "Liv	nited 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:	Mailing Address:					
3301 Trentwood Blvd.	4409 Hoffner Ave. Suite 104					
Orlando, Florida 32812	Orlando, Florida 32812					
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another					
The name and the Florida street address of the	e registered agent are:					
Mark A.	Loyack					
Nan	.,					
	twood Blvd. address (P.O. Box NOT acceptable)					
	address (P.O. Box NOT acceptable) do FL 32812					
City, State	e, 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

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 Member			
WORW — Wanaging Weithoer			
MGR_	Mark A. Loyack		
	3301 Trentwood Blvd.		
	Orlando, Florida 32812		
 			
(Use attachment if necessary)			
(Ose attachment if necessary)			
ARTICLE V: Effective date, if other than	the date of filing: (OPTIONAL)		
	st be specific and cannot be more than five business days prior		
to or 90 days after the date of filing.)			
REQUIRED SIGNATURE:			
TEGOTIES 21011111 CILE.			
	A		
Signature of a me	mber or an authorized representative of a member.		
of this document of	th section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.)		
	Mark A. Loyack		
<u></u>	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)