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| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Markelle Grabians, SSC | ALLAHASSEE. FLORIDA |
|------------------------|---|
| Please | Art of Inc. File |
| Signature | Fictitious Owner Search Vehicle Search |
| Requested by: | Driving Record UCC 1 or 3 File |
| 10 86 00 10:18 | UCC 11 Search |
| Name Date Time | UCC 11 Retrieval |
| Walk-In Will Pick Up | Courier |

ARTICLES OF ORGANIZATION OF MARKELLE ARABIANS, LLC a Florida limited liability company

ARTICLE I - Name:

OF OCT TO THE LET The name of the Limited Liability Company is: MARKELLE ARABIANS, LLC

ARTICLE II - Address:

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

> 412 Buttonwood Lane Boynton Beach, Florida 33436

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Michael Wade

412 Buttonwood Lane

Boynton Beach, Florida 33436

Joel Desmarteau

230 Whitefoord Avenue NE

Atlanta, GA 30307

Michael Wade Managing Member

STATE OF Florida COUNTY OF Aladura

Before me personally appeared Michael Wade who produced Fl Driver License as identification and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the same for the purposes therein expressed.

Witness my hand and official seal in the County and State named above this 25 day of October, 2006.

Bul D Vann Notary Public



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Joel Desmarteau
Managing Member

STATE OF Florida
COUNTY OF Alashua

Before me personally appeared Joel Desmarteau who produced <u>Alabama Diver George</u> as identification and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the same for the purposes therein expressed.

Witness my hand and official seal in the County and State named above this 25 day of October, 2006.

Notary Public



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: MARKELLE ARABIANS, LLC.
- 2. The name and the Florida street address of the registered agent is:

Michael Wade

412 Buttonwood Lane Boynton Beach, Florida 33436

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.

MICHAEL WADE

STATE OF Florida COUNTY OF Alachus

Before me personally appeared Michael Wade who produced Fl. Driver License as identification and who executed the foregoing Certificate of Designation, and he acknowledged before me that he executed the same for the purposes therein expressed.

Witness my hand and official seal in the County and State named above this <u>25</u> day of October, 2006.

Notary Public

