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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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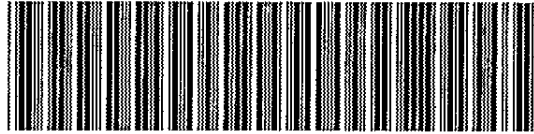
(Business Entity Name)

(Document Number)

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[Signature]

HENRY J. KULAKOWSKI, JR.

ATTORNEY AT LAW

33801 U.S. Highway 19 North
Palm Harbor, Florida 34684
Telephone (727) 787-9100
Facsimile (727) 787-9126

December 12, 2006

Division of Corporations
Florida Department of State
Post Office Box 6327
Tallahassee, Florida 32314

Re: MEMORIAL MARKERS, LLC

Dear Sirs:

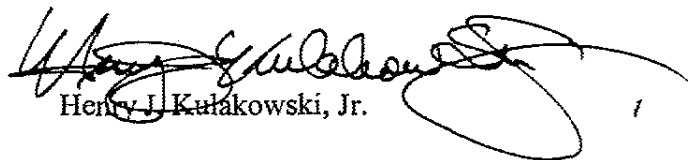
Enclosed herewith please find the original and one copy of the executed Articles of Organization for the above-captioned limited liability company and my check in the amount of \$125.00 payable to the Secretary of State. The check is for the following:

| | |
|---------------------------------|--------------|
| a. Filing Fee | \$100.00 |
| b. Registered Agent Designation | <u>25.00</u> |
| Total | \$125.00 |

Please cause the enclosed Articles of Organization to be filed with your office and have the extra copy with the filing date returned to me in the enclosed envelope.

If you have any questions regarding this matter, please feel free to call. Thank you for your prompt attention.

Very truly yours,


Henry J. Kulakowski, Jr.

HJK:mhn

Enclosures

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**ARTICLES OF ORGANIZATION OF MEMORIAL MARKERS, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization:

ARTICLE I - Name:

The name of the Limited Liability Company is **MEMORIAL MARKERS, LLC.**

ARTICLE II - Address:

The mailing address of the Limited Liability Company is:

4484 Glenbrook Drive
Palm Harbor, Florida 34683

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

4484 Glenbrook Drive
Palm Harbor, Florida 34683

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

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

GARRY F. BLESIE.
4484 Glenbrook Drive
Palm Harbor, Florida 34683

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

ARTICLE IV - Management (Check box if applicable):

SECTION 608.27, F.S.
VALID - 12-14-06

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☐ The Limited Liability Company is to be managed by one manager and is, therefore, a manager - managed company. The name and address of the manager are:

GARRY F. BLESIE.
4484 Glenbrook Drive
Palm Harbor, Florida 34683

ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to Section 608.4235 of the Florida Limited Liability Company Act, no member of the Limited Liability Company shall be an agent of the Company solely by virtue of being a member, and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member.

ARTICLE VI — Indemnification:

Pursuant to 608.4229, the Limited Liability Company shall have the power to indemnify any member or manager, or any former member or manager, to the full extent permitted by law from and against any and all claims whatsoever.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 12 day of December, 2006.



GARRY F. BLESIE

(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.)

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STATE
OF FLORIDA

STATE OF FLORIDA
COUNTY OF PINELLAS

)
) ss:
)

The foregoing instrument was acknowledged before me this 12 day of
December, 2006, by GARRY F. BLESIE.



Melissa H. Nelson
My Commission DD204703
Expires April 21, 2007

Melissa H. Nelson
Notary Public Name: Melissa H. Nelson
State of Florida at Large
My commission expires:

Personally known: _____ OR _____ Produced I.D.: X

Type of Identification Produced: FL Drivers License

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OF FLORIDA

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