

LO7000017608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

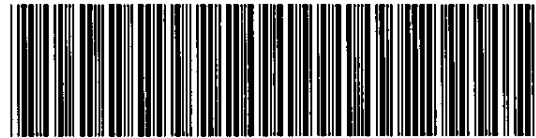
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AL 1

Office Use Only



900087096869

02/15/07--01020--013 **125.00

RECEIVED
07 FEB 15 AM 11:39
OFFICE OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2007 FEB 15 P 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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

*L. H. Marks Financial
Services, LLC*

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

2007 FEB 15 P 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Signature _____

Requested by: *W*

Name _____

Date *2/15*

Time *11:00*

Walk-In _____

Will Pick Up _____

**ARTICLES OF ORGANIZATION
OF
L. H. MARKS FINANCIAL SERVICES, LLC**

ARTICLE I - NAME

The name of the limited liability company is L. H. Marks Financial Services, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

4945 River Basin Dr. S
Jacksonville, Florida 32207

Mailing Address:

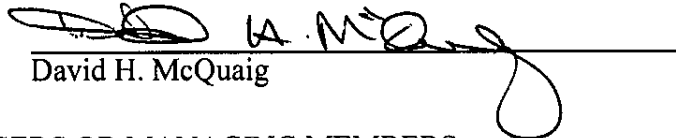
P.O. Box 10126
Jacksonville, Florida 32247

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

David H. McQuaig
4745 Sutton Park Court, Suite 103
Jacksonville, Florida 32224

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..



David H. McQuaig

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

2001 FEB 15 P 1:26
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

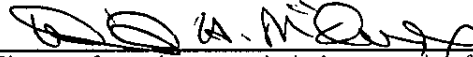
MGMR

Lewis H. Marks
4945 River Basin Dr. S.
Jacksonville, Florida 32207

ARTICLE V - OTHER MATTERS

L. H. Marks Financial Services, LLC shall have perpetual existence

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.)

David H. McQuaig

Typed or printed name of signee

2001 FEB 15 P 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED