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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

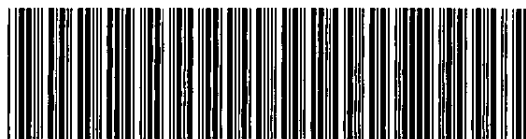
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mark's Project Management, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leonard J. Connors, Esq.

(Name of Person)

Law Offices of Leonard J. Connors & Assoc.

(Firm/Company)

1007 E. Reynolds Street

(Address)

Plant City, FL 33563

(City/State and Zip Code)

For further information concerning this matter, please call:

Leonard J. Connors, Esq.

(Name of Person)

at (813) 752-9596

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
FOR
MARK'S PROJECT MANAGEMENT, LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

MARK'S PROJECT MANAGEMENT, LLC

ARTICLE II- Address

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

Principal Office Address: 820 Scott Lake Village north
Lakeland, FL 33813

Mailing Address: 820 Scott Lake Village north
Lakeland, FL 33813


ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

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

Mark Adams
820 Scott Lake Village north
Lakeland, FL 33813

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.


MARK ADAMS, registered agent

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TALLAHASSEE, FLORIDA

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ARTICLE IV
Manager(s) or Managing Member(s):

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

Title:	Name and Address
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"MGR = Manger

"MGRM" = Managing Member

Manager

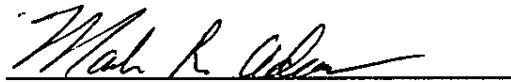
Mark Adams
820 Scott Lake Village north
Lakeland, FL 33813

ARTICLE V

Effective date, if other than the date of filing: _____.(OPTIONAL)
(If an effective date is listed, the date must be specified and cannot be more than five business days prior to or 90 days after the date of filing.)

(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.)

REQUIRED SIGNATURE:



Mark Adams, manager

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TALLAHASSEE, FLORIDA