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M. THOMAS

SEP 3 0 2008

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Mark McIlvee LLC (Name of Limited Liability Company)		
(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:		
Mark McIlvee (Name of Person)		
Mark McIlver LLC (Firm/Company)		
98 Bird of Paradise Dr. (Address)		
98 Bird of Paradise Dr (Address) Palm Coast Fl 32137 (City/State and Zip Code)		
(City/state and Zip Code)		
For further information concerning this matter, please call:		
Mark NicIlvee at (386) 503-6772 Expression (Area Code & Daytime Telephone Number)	08 SEP 29	
Enclosed is a check for the following amount:	29 P	
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee} \text{\text{\$\left}} \sum_{155.00}\$ \text{Filing Fee} \text{\text{\$\left}} \sum_{160.00}\$	El:1 Hd	Ü
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Taliahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mark MCTIVE LLC (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
98 Bird of faradise Dr Palm Coast Fl 32137	98 Bird of Paradise Dr Palm Coust fl 32137
liability company at the place designated in th	gistered agent are: Agent. You must designate an individual or another Agent. Agent.

Registered Agent's Signature (REQUIRED)

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.

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing⋅Member	Name and Address:	
None		
The state of the s		
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	AS TC AR	09 SEP
(Use attachment if necessary)	ASSEE P	29 PM
ARTICLE V: Effective date, if other than the construction (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OP DENA specific and cannot be more than five busings, as	L

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

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.)

Mark MCFluee
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)