# 13900074154

•	
(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:	7
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	- 1

G. MCLEOD

AUG - 3 2009

**EXAMINER** 



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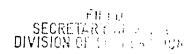
DIVISION OF THE RIGHT.

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W87.31.873

## COVER LETTER

TO:	Registration Division of C		ns		
SUBJE	ct: F	HEES	STYLES	ENTERPRISES	DBA STYLO
			Name of Limite	d Liability Company	
The enc	losed Articles	of Organiz	ation and fee(s) are s	ubmitted for filing.	
Please re	eturn all corres	spondence o	concerning this matte	er to the following:	
_	M	AR71	N A. W	ARLC Name of Person	
-			ENTETLP	RISES DBA ST	MID LLC
		968.		Firm/Company  NGTONRO.  Address	
_	<del></del> ····			Address	
		JAC	KSONVILL	E. FL 322	1(
_	M	4R7(W E-mail	MAUC 9 address: (to be used fo	O HOT MAIL .	Com
For furth	er information	concernin	g this matter, please	call:	
_ <i>N</i>	PARTIN Name	A. M	ARK	at ( 904) 2007 Area Code & Daytime Telep	2524 Johone Number
Enclose	d is a check f	or the foll	owing amount:		
]\$125.00	0 Filing Fee	Certif	00 Filing Fee & [icate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registra Divisio P.O. Bo	Address ation Section n of Corporations ox 6327 ssee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle



09 JUL 31 AM 10: 44

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
STYLES MARK LLC  (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")						
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
968-1 ARLINGTON RD JACKSONVILLE FL 32211	968-1 ARLINGTON RD JACKSONVILLE FL 32211					
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another					
The name and the Florida street address of the re	gistered agent are:					
MARTIN A. 1 Name	MARK					
11917 REMSER Florida street address (P.O. F	/ RD JACKSUNVILLE FL 32223 Box <u>NOT</u> acceptable)					
	FLd Zip					
City, State, and	d Zip					
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as regist	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S.					

(CONTINUED)

#### Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	MARTIN A. MARK 1917 REMSEN RO JAR FL 32223
MGR	LATONTA S. MARK 11917 RÉMSEN RO JAK FL 32223
(Use attachment if necessary)	
TICLE V: Effective date, if other than the	e date of filing: (OPTIONAL) se specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	$\mathcal{V}_{A}$
Signatura of a santh	er or an authorized representative of a member.
(In accordance with se	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
MART	yped or printed name of signee
Filing Fees:	yped or printed name of signee
\$125.00 Filing Fee for Articles of Orga	nnization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)