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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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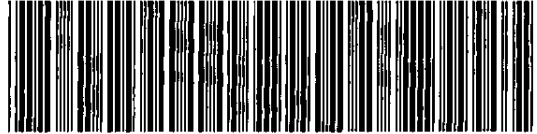
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 8 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

SUBJECT: CEREMARK LLC

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

Please return all correspondence concerning this matter to the following:

Adam Scholl
CEREMARK LLC
1401 Riverplace Blvd. Apt. 1707
Jacksonville, FL 32207
Email: adamscholl@hotmail.com

For further information concerning this matter, please call:

Adam Scholl at (863)-255-3993

Enclosed is a check in the amount of \$125.00 for the Filing Fee

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CEREMARK LLC

ARTICLE II - Address:

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

Principal Office Address:

1401 Riverplace Blvd. Apt. 1707
Jacksonville, FL 32207

Mailing Address:

1401 Riverplace Blvd. Apt. 1707
Jacksonville, FL 32207

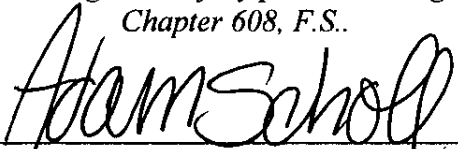
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Adam Scholl
1401 Riverplace Blvd. Apt. 1707
Jacksonville, FL 32207

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TALLAHASSEE, FLORIDA

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 (REQUIRED)

2/20

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:

1. MGRM

Adam Scholl
1401 Riverplace Blvd. Apt. 1707
Jacksonville, FL 32207

2. MGRM

Evan Peterson
629 Thornehill Trail
Oxford, MI 48371

ARTICLE V: Allocations

The company's net profits, net losses, and other items of income, gain, loss, deduction and credit will be allocated equally among its Members.

ARTICLE VI: Distributions

The company's distributions will be allocated equally among its Members.

ARTICLE VII: New Members

New Members may be admitted to the Company upon the written agreement of all existing Members.

ARTICLE VIII: Member Liability

Members are not liable for the acts, debts, obligations or any other liabilities of the Company.

ARTICLE IX: Indemnity

The Company shall indemnify, and advance expenses to, any Member from and against any and all claims and demands related to the operation of the Company.

ARTICLE X: Company Structure

The Members specifically intend and agree that the Company is a limited liability company.

ARTICLE XI: Taxes

As the Company is a limited liability company, the Members agree that it will be taxed as a partnership for all income tax purposes.

ARTICLE XII: Revocability

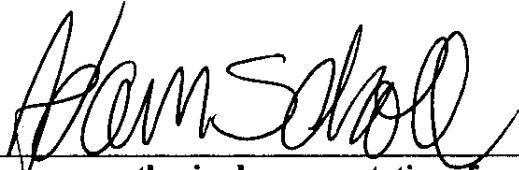
This Operating Agreement may be amended or revoked by written consent of all the Members.

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TALLAHASSEE
FLORIDA

ARTICLE XIII: Miscellaneous Provision

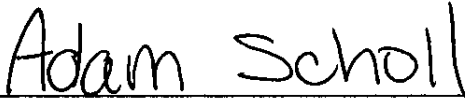
The invalidity or unenforceability of any particular provision of this Operating Agreement will not affect the other provisions contained in this document and will be construed in all respects as if the invalid or unenforceable provisions were omitted.

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.)



Typed or printed name of signee

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TALLAHASSEE, FLORIDA