L1100005383

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SECRETARY OF STATE DIVISION OF CORPORATIONS

N. Guilligan JAN 13 2000

COVER LETTER

TO:	Registration Section Division of Corporations	
Sub ii	_{вст:} Mark Fitzgerald, LL	С
. SUBSI		ed Liability Company
The en	closed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this matt	er to the following:
	Mark Fitzgerald	
	•	Name of Person
		Firm/Company
	380 SW Bluff Drive	•
		Address
	Fort White, Florida, 3203	
	JmfEquity@gmail.com	y/State and Zip Code
	E-mail address: (to be used	for future annual report notification)
For fu	rther information concerning this matter, please	e call:
Mar	k Fitzgerald	_at (386) 497-3642
	Name of Person	Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amount:	
\$125.0	0 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mark Fitzgerald, LLC (Must end with the words "Limited	1 Liability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	iy company is.
380 SW Bluff Drive	380 SW Bluff Drive	<u></u>
Fort White, Florida, 32038	Fort White, Florida, 32038	
	Name	SECRETARY VISION OF C 11 JAN 12
380 SW Blu		9,
Florida str Fort White,	reet address (P.O. Box <u>NOT</u> acceptable)	登 福電 80 80
	Eity, State, and Zip	ATE 37
liability company at the place designate registered agent and agree to act in this co statutes relating to the proper and compl	nd to accept service of process for the aboved in this certificate, I hereby accept the apapacity. I further agree to comply with the lete performance of my duties, and I am fam is registered agent as provided for in Chapt	pointment as provisions of all niliar with and

(CONTINUED)

egistered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Mark Fitzgerald
	Fort White, Florida, 32038
*-4m-	
(Use attachment if necessary)	
	an the date of filing: (OPTIONAL
effective date is listed, the date m	ust be specific and cannot be more than five business days
effective date is listed, the date m O days after the date of filing.)	ust be specific and cannot be more than five business days
effective date is listed, the date m	ust be specific and cannot be more than five business days
effective date is listed, the date model of days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days

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)

Typed or printed name of signee