

#L11000037100

By: LAW OFFICE ;

941 484 1650 ;

28-Mar-11 11:00AM;

Page 1

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((1111000080366 3)))



H110000803663ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MICHAEL D. HORLICK, P.A.
Account Number : 072100000126
Phone : (941) 484-5656
Fax Number : (941) 484-1650

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gnovack1@yahoo.com

FLORIDA LIMITED LIABILITY CO.
LMK ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

11 MAR 28 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 29 2011

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit #:

**ARTICLES OF ORGANIZATION
OF
LMK ASSOCIATES, LLC**

(A Florida Limited Liability Company)

EFFECTIVE DATE
3/25/2011

FILED
11 MAR 28 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned organizer hereby adopts these Articles of Organization for the purpose of forming a Limited Liability Company under The Florida Limited Liability Company Act, Chapter 608 of the Florida Statutes (the "Act").

1. **NAME.** The name of this limited liability company (the "Company") is **LMK ASSOCIATES, LLC.**

2. **EFFECTIVE DATE AND DURATION.** The existence of the Company shall commence on March 25, 2011. The period of duration of the Company shall be perpetual.

3. **PURPOSE.** The purpose and business of the Company shall be to engage in any lawful act or activity which may be carried on by a limited liability company under the Act.

4. **MAILING ADDRESS AND STREET ADDRESS OF PRINCIPAL OFFICE.**
The mailing address and street address of the principal office of the Company is: 205 Base Avenue, Venice, Florida 34285.

5. **REGISTERED AGENT.** The name and address of the initial Registered Agent of the Company is: Michael D. Horlick, 1314 East Venice Avenue, Suite D, Venice, Florida 34285.

6. **MANAGEMENT BY MANAGERS.** A Member of the Company shall not be a Manager by virtue of his status as a Member. The Company shall be managed by one or more Managers appointed by the Members. The names and addresses of the initial Managers who shall manage the Company are as follows:

- Gregory R. Novack, 720 El Dorado, Venice, Florida 34285

7. **ADDITIONAL MEMBERS.** New Members may be admitted only upon the Required Vote of the Members and in accordance with terms and conditions set forth in the Operating Agreement of the Company.

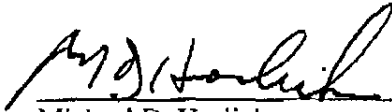
Fax Audit #:

Michael D. Horlick, P.A.
1314 E. Venice Avenue - Suite D
Venice, Florida 34285
(941) 484-5656
FL BAR #: 0292583

Fax Audit #:

8. **LIMITED LIABILITY.** No Member or Manager or agent of the Company shall be liable under a judgment, decree, or order of a court, or in any other manner for any debt, obligation, or liability of the Company.

IN WITNESS WHEREOF the undersigned, as an Authorized Representative, hereby executes these Articles of Organization this 25th day of March, 2011.



Michael D. Horlick

"Authorized Representative"

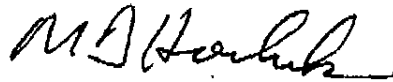
Fax Audit #:

LMK ASSOCIATES, LLC

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

Having been designated Registered Agent to accept service of process for the above stated **LMK ASSOCIATES, LLC**, at the place designated in this Certificate, the undersigned **Michael D. Horlick**, whose address is 1314 East Venice Avenue, Suite D, Venice, Florida 34285, does hereby accept the designation, agree to act in that capacity, and agree to comply with the provisions of Florida Statutes relative thereto.

DATED: March 25, 2011



Michael D. Horlick, Registered Agent

Fax Audit #: