

L 1100000 93297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

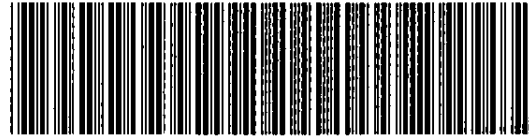
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**B. KOHR**

AUG 15 2011

**EXAMINER**



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 12 AM 10:01

## GENERAL AFFIDAVIT

State of Florida

County of ST JOHN

Before me the undersigned notary, JOHN F. KAVANAUGH (name of notary before whom affidavit is sworn), on this day 8<sup>TH</sup> (day) of AUGUST (month), 20 11 personally appeared ✓ Mark Brown ✓ (affiant) known to me to be a credible person and of lawful age, who being by me first duly sworn on his oath, deposes and says:

"I was previously President and owner of Mark-It-Right Builders Corp, which corporation I shall not re-activate, instead intending to operate with the new LLC to which this Affidavit is attached"

[Signature]

(signature)

Mark Brown  
(typed name of Affiant)

14 Anastasia Park Blvd  
(address)

St. Augustine, FL 32080  
(city, state, zip)

State of Florida

County of ST JOHN

sworn to me and subscribed before me this 8<sup>TH</sup> day of AUGUST, 2011, by Mark Brown:

[Signature]

(signature of Notary Public - State of Florida)

JOHN F. KAVANAUGH  
(print, stamp or type name of Notary)

NOTARY PUBLIC-STATE OF FLORIDA  
John F. Kavanaugh  
Commission #019834009  
Expires: NOV. 21, 2012  
BONDED THRU ATLANTIC BONDING CO., INC.

Personally known ✓ or produced identification \_\_\_\_\_

Type of Identification: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mark-It-Right Builders, LLC  
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 Brown

Name of Person

Mark-It-Right Builders, LLC

Firm/Company

14 Anastasia Park Drive

Address

St. Augustine FL 32080

City/State and Zip Code

MARKITRIGHT@BELL.SOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Brown

Name of Person

at ( 904 ) 814-0512

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**Mark-It-Right Builders, 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 principal office of the Limited Liability Company is:

#### Principal Office Address:

14 Anastasia Park Drive

St. Augustine, FL 32080

#### Mailing Address:

Same

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**Stu Dornblaser**

Name

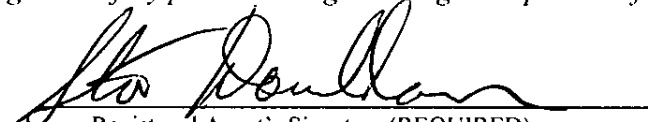
**2801 S Ponte Vedra Blvd**

Florida street address (P.O. Box **NOT** acceptable)

**Ponte Vedra Beach FL 32082**

City, State, and Zip

*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)

(CONTINUED)

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11 AUG 12 AM 10:01

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Mark Brown

14 Anastasia Park Drive

St. Augustine, FL 32080

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**Mark Brown**

\_\_\_\_\_  
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)**