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(Document Number)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

C. LEWIS

OCT 21 2011

EXAMINER

COVER LETTER

	gistration Section vision of Corporations	
CUDUCT	Grooming by Mark, LL	С
SUBJECT		ed Liability Company
The enclose	ed Articles of Organization and fee(s) are	submitted for filing.
Please retur	n all correspondence concerning this mat	ter to the following:
Ma	ark Griffin	
		Name of Person
Gr	ooming by Mark, LLC	
\		Firm/Company
39	25 Brown Avenue	
		Address
Sar	asota, FL 34231	
		y/State and Zip Code
gro	omingbymark@yahoo.com E-mail address: (to be used to	for future annual report notification)
For further i	nformation concerning this matter, please	•
Mark Gr	iffin	at (941) 400-6240
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is	s a check for the following amount:	
▼ \$125.00 Fili	ng Fee \$\int \\$130.00 \text{ 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Groomir	ng by Mark, LLC		
	(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE I	Π - Address:		
The mailing	address and street address	of the principal office of the Limited Liability	Company is:
Principal O	ffice Address:	Mailing Address:	
3925 Brown .	Avenue	3525 Brown Avenue	
Sarasota, FL	. 34231	Sarasota, FL 34231	_
The name an	d the Florida street address Mark Griffin	of the registered agent are:	2011 OCT 20 PM
		Name S	AR S
	3925 Brown	Avenue F	KO III
	Florida	street address (P.O. Box NOT acceptable)	OF STATE
	Sarasota	_{FL} 34231	ATE S
	- " 	City, State, and Zip	P
liability o	company at the place design	t and to accept service of process for the above ated in this certificate, I hereby accept the app capacity. I further agree to comply with the p	ointment as

(CONTINUED)

Registered Agent's Signature (REQUIRED)

FILED

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

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

2011 OCT 26 PM 1:48

mgr	Mark Griffin 3925 Brown Avenue Sarasota, FL 34231	
		AARIS - 10-175 - 10-17
(Use attachment if necessary)		
LE V: Effective date, if other than t	he date of filing:	. (OPTIONAL)

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 Griffin

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)