(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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G. MCLEOD

FEB **21** 2012

EXAMINER



500221983575

02/20/12--01008--005 **125.00

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Mark Mehling Internat	ional			
Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s) are	submitted for filing			
Please return all correspondence concerning this ma	tter to the following:			
Mark Mehling				
	Name of Person			
Mark Mehling Internation	al			
Firm/Company				
1866 Seclusion Dr				
	Address			
Port Orange, FI 32128				
	ity/State and Zip Code			
mark@markmehlinginternation E-mail address: (to be used		rt notification)		
For further information concerning this matter, please call:				
Mark Mehling	at (386	2126770		
Name of Person	Area Code	& Daytime Telephone Number		
Enclosed is a check for the following amount: \$\sumsymbol{Y}\$125.00 Filing Fee \text{\text{Status}}\$130.00 Filing Fee \text{\text{Certificate of Status}}\$	\$155.00 Filing Certified Cop (additional copy	y Certificate of Status &		
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Budget 2661 Execution 2661	of Corporations		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	ame
The name of the	Limi

The name of the Limited Liability Company is:

Mark Mehling International 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:	Mailing Address:		
1866 Seclusion Dr	1866 Seclusion Dr		
Port Orange, FI 32128	Port Orange Fl 32128		

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:

Mark Mehling

Name

1866 Seclusion Dr

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

Port Orange

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 (NEQUIRED

(CONTINUED)

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:
MGR	Mark Mehling 1866 Seclusion Dr Port Orange, FI 32128
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than to (If an effective date is listed, the date mus to or 90 days after the date of filing.)	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
<u>required</u> signature:	Ala h Hoard
~	piber or an authorized representative of a member.
constitutes an affirmation un	608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true.

Mark Mehling

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)