# L12000 131523

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Effective Date 10/10/12

SEGILTARY OF STATE
DIVISION OF CORPORATIONS

OCT 1 6 2012

T. HAMPTON

### COVER LETTER

TO:	Registration S Division of Co		
SUBJE	ECT: THE UR	BN MRKT, LLC	
		Name of Limi	ited Liability Company
The en	closed Articles o	of Organization and fee(s) are	e submitted for filing.
Please	return all corresp	oondence concerning this ma	tter to the following:
	WENDY DOR	AN	
			Name of Person
	THE URBN M	RKT, LLC	
			Firm/Company
	725 HARBOU	R POST DRIVE, #2401	
			Address
	TAMPA, FL 33	3602	
		Ci	ty/State and Zip Code
	WDURGAN@	HOTMAIL.COM	
		E-mail address: (to be used	for future annual report notification)
For fur	her information	concerning this matter, pleas	e call:
WEND	Y DORAN		at ( 813 ) 391-9371
	Name	of Person	Area Code & Daytime Telephone Number
Enclos	ed is a check fo	or the following amount:	
<b>]</b> \$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

## Effective Date 10/10/12

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
THE URBN MRKT, LLC	
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
725 HARBOUR POST DRIVE, #2401	725 HARBOUR POST DRIVE, #2401
TAMPA, FL 33602	TAMPA, FL 33602
The name and the Florida street address of the <a href="https://www.weighten.com/WENDY DORAN">WENDY DORAN</a> Nai	
725 HARBOUR POST DRIV	VE #2401
	address (P.O. Box NOT acceptable)
TAMPA,	FL 33602
City,	State, and Zip
•	,,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECINITARY OF STATE

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

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

"MGR" = Manager	Name and Address:	
"MGRM" = Managi	ng Member	
MGMR	WENDY DORAN	
	725 HARBOUR POST DRIVE, #2401	_
	TAMPA, FL 33602	_
MGR	MICHAEL DORAN	
	725 HARBOUR POST DRIVE, #2401	_
	TAMPA, FL 33602	_
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(Use attachment if n	•	ONA
CLE V: Effective date	, if other than the date of filing: OCTOBER 10, 2012 (OPTI the date must be specific and cannot be more than five busines	
CLE V: Effective date  ffective date is listed.	the date must be specific and cannot be more than five business of filing.)	
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CLE V: Effective date ffective date is listed.  O days after the date of	the date must be specific and cannot be more than five business of filing.)	
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CLE V: Effective date  ffective date is listed, days after the date of  REQUIRED SIGN.  Sig  (In accorda constitutes I am aware constitutes	the date must be specific and cannot be more than five business of filing.)  ATURE:  nature of a member or an authorized representative of a member.  are with section 608.408(3), Florida Statutes, the execution of this document an affirmation under the penalties of perjury that the facts stated herein are truthat any false information submitted in a document to the Department of Statutes.	e.
CLE V: Effective date  ffective date is listed, days after the date of  REQUIRED SIGN.  Sig  (In accorda constitutes I am aware constitutes	the date must be specific and cannot be more than five business of filing.)  ATURE:  Interest of a member or an authorized representative of a member.  Ince with section 608.408(3), Florida Statutes, the execution of this document an affirmation under the penalties of perjury that the facts stated herein are truthat any false information submitted in a document to the Department of States at third degree felony as provided for in s.817.155, F.S.)	e.
ELE V: Effective date  ffective date is listed,  days after the date of  REQUIRED SIGN.  Sig  (In accorda constitutes I am aware constitutes	the date must be specific and cannot be more than five business of filing.)  ATURE:  nature of a member or an authorized representative of a member.  nee with section 608.408(3), Florida Statutes, the execution of this document an affirmation under the penalties of perjury that the facts stated herein are truthat any false information submitted in a document to the Department of State at third degree felony as provided for in s.817.155, F.S.)	s day

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)