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SECRETARY OF STAILS
OPVISION OF CORPORATIONS
240 NOV 29 PM 12: 23

C. LEWIS

NOV 3 0 2012

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

Marks Place L.L.C.

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 fanali	
Name of Person	
marks place	
Firm/Company	
246 NW 13th ave	
Address	
delray beach florida 33444	
City/State and Zip Code	
marksplace79@gmail.com	

For further information concerning this matter, please call:

mark fanali
Name of Person

10

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

□\$125.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE

ARTICLE 1 - Name:

. The name of the Limited Liability Company is:

2012 NOV 29 PM 12: 23

MARKS PLACE L.L.C.

(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:

246 NV 137H AVE

DELEAY BCH, FL 33444

DELEAY BCH, FL 33444

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 FANALI

Name

11 TROPICAL DR. LINIT # 3

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

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)

Page 1 of 2

Title:	Name and Address:	SECRETARY IVISION OF CO	RPORAFI
"MGR" = Manager "MGRM" = Managing Member		112 NOV 29	PH 12:
MANAGER	MARK FANALI 246 NV 13AH AVE DELRAY BCH, FL 3	3444	
,	4-77-14-6-534-6-		
(Use attachment if necessary) CLE V: Effective date, if other than t effective date is listed, the date muto or 90 days after the date of filing.)	he date of filing: 11.23.2012 ust be specific and cannot be more than	. (OPTIONA five busines	L) s days
CLE V: Effective date, if other than t effective date is listed, the date mu	ist be specific and cannot be more than	five busines	L) s days
CLE V: Effective date, if other than the effective date is listed, the date must on 90 days after the date of filing.) REOUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation under 1 am aware that any false inforconstitutes a third degree felor	ast be specific and cannot be more than	r. ccument in are true.	L) s days

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)