

L13000023166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

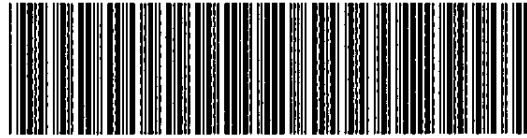
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/04/13--01027--016 **130.00

FILED

2013 FEB 12 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W13-7118

FEB 13 2013

J. BRYAN

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **COMMERK 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:

MICHAEL SAAD

Name of Person

COMMERK LLC

Firm/Company

P.O.BOX 291118

Address

City/State and Zip Code

TAMPA, FL 33687

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

For further information concerning this matter, please call:

MICHAEL SAAD

Name of Person

at **313 6009488**

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

2/1/2013

2013 FEB 12 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2013

MICHAEL SAAD
COMMERK LLC
PO BOX 291118
TAMPA, FL 33687

SUBJECT: COMMERK LLC
Ref. Number: W13000007118

FILED
2013 FEB 12 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for COMMERK LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan
Regulatory Specialist II.

Letter Number: 613A00002827

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMMERK 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:

MICHAEL SAAD

Mailing Address:

~~P.O. BOX 201140~~

~~TAMPA, FL 33607~~

5811 MARJO DR.
TAMPA, FL 33617

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:

CYRINE RABHI

Name

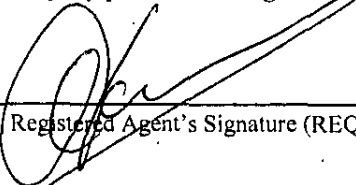
5811 MARJO, DR.

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

TAMPA FL 33617

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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2013 FEB 12 PM 4:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

M.S.

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

MICHAEL SAAD

P.O.BOX 291118

TAMPA, FL. 33687


FILED
2013 FEB 12 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/01/2013. (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.)

MICHAEL SAAD

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)