L13000075021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 2 2 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: _ON THE MARK WITH MARK 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:

MARK SYKUTERA

Name of Person

SAME AS ABOVE

Firm/Company

512 ARMADA RD SOUTH, 7 APT.

Address

VENICE, FL 34285

City/State and Zip Code

MARKSYKUTERA @ GMAIL . COM

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

For further information concerning this matter, please call:

MARK SYKUTERA at (_941_) _735 7965_

Name of Person · 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	**Street/Courier Address**
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ON MARK WITH MARK 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:

512 ARMADA ROAD SOUTH APT. 7, VENICE, FL 34285

Mailing Address:

SAME

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 SYKUTERA
Name

512 ARMADA RD. SOUTH, APT 7
Florida street address (P.O. Box **NOT** acceptable)

VENICE FL *34285*
City, State, and Zip

13 MAY 21 PM 5: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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)

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
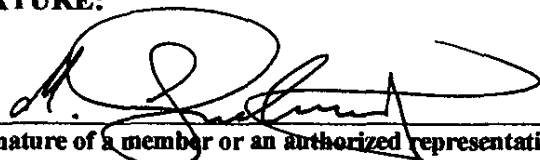
Name and Address:

MGRM

MARK SYKUTERA
512 ARMADA RD. SOUTH APT 7
VENICE, FL 34285

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

MARK SYKUTERA
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)