

#L14000020248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

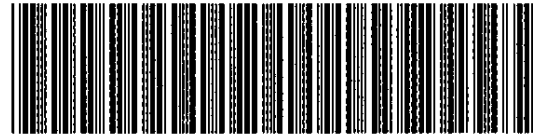
(Business Entity Name)

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EFFECTIVE DATE  
1-31-2014

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

FEB 5 2014

# DUFF, DUFF & BRENAN LLP

A Florida LLP

*Attorneys at Law*

*Offices in Florida, New Jersey and New York*

KEVIN D. BRENAN<sup>1</sup>  
DANIEL V. DUFF, JR.<sup>2</sup>  
DAVID A. DUFF<sup>3</sup>

Kevin D. Brennan

3460 Marbella Court  
Bonita Springs, FL 34134  
Tel. 239 947 8660  
E-mail brenanlaw@comcast.net

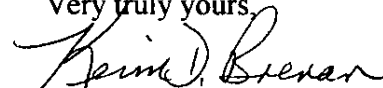
January 31, 2014

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Gentlemen/Ladies:

Enclosed please find the cover letter and Articles of Organization and Designation of Registered Agent for Markin Consulting, LLC together with my client's check for \$160.00 for the filing fee, Certificate of Status and Certified Copy.

Very truly yours,

  
Kevin D. Brennan

<sup>1</sup> Admitted to practice in Florida, New Jersey and New York

<sup>2</sup> Admitted to practice in Florida and New York

<sup>3</sup> Admitted to practice in New York

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Markin Consulting, 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:

**Philip S. Markin**

\_\_\_\_\_  
Name of Person

**Markin Consulting, LLC**

\_\_\_\_\_  
Firm/Company

**25010 Pinewater Cove Lane**

\_\_\_\_\_  
Address

**Bonita Springs, Florida 34134**

\_\_\_\_\_  
City/State and Zip Code

**philipmarkin@gmail.com**

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

For further information concerning this matter, please call:

**Kevin D. Brennan, Esq.**

**239**

**947-8660**

\_\_\_\_\_  
at ( )

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**

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE  
1-31-2014

Markin Consulting, 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:

25010 Pinewater Cove Lane  
Bonita Springs, Florida 34134

25010 Pinewater Cove Lane  
Bonita Springs, Florida 34134

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:

Philip S. Markin

Name

25010 Pinewater Cove Lane

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

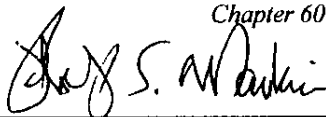
Bonita Springs, FL 34134

City

Zip

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TALLAHASSEE, FLORIDA

*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 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Philip S. Markin

25010 Pinewater Cove Lane

Bonita Springs, Florida 34134

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 31, 2014 (OPTIONAL)

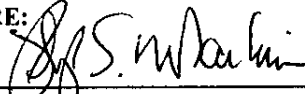
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

This Limited Liability Company is organized to conduct any and all lawful business

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Philip S. Markin

\_\_\_\_\_  
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)**