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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Mark G. Arbogast, EA, LLC Name of Lin	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Mark G. Arbogast	Name of Person	
	Mark G. Arbogast, EA, LLC	Firm/Company	
	108 W. New Haven Ave.	Address	
		City/State and Zip Code	
т.	ark@arbogastfinancial.com E-mail address: (to be use	ed for future annual report notifica	tion)
For fur	ther information concerning this matter, ple	ease call:	
<u>Mark</u>	G. Arbogast at (at (at (at (at (321 723-5480 Ext 103 Area Code Daytime Tel	3 ephone Number
	ed is a check for the following amount: 0 Filing Fee \$\sum \frac{1}{3}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 Addr Registration Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	mited Liability Company. "L.L.C.," or "LLC.") pal office of the Limited Liability Company is: Mailing Address: 108 W. New Haven Ave.
street address of the princips:	Mailing Address:
<u>s:</u> /e	Mailing Address:
re	
	108 W. New Haven Ave.
	TUS W. New Haven Ave.
	Melbourne, FL 32901
	Welbourie, I L 32901
ompany cannot serve as its	own Registered Agent. You must designate an indiv
vith an active Florida regist	ration.)
street address of the regist	tered agent are:
-	-
	√ame
1,	Tanic
Florida street address (P.O.	. Box NOT acceptable)
Melbourne	FL 32901
City	Zip
Florida street address (P.O.	. Box NOT acceptable)
City	Zip
	vith an active Florida regist a street address of the regis Mark G. Arbogast N 108 W. New Haven Ave. Florida street address (P.O Melbourne

(CONTINUED)

Page 1 of 2

<u> Citle:</u>		Name and Address:	
\overline{AMBR} " = Authorized	Member		
MGR" = Manager			
MGR		Mark G. Arbogast	
		108 W. New Haven Ave.	
		Melbourne, FL 32901	
	•		
	•		
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Use attachment if nece			
CV: Effective date, if of the cities of the	other than the date of filing	g: <u>09/01/2014</u> . (OPTIC nd cannot be more than five business days p	ONAL) prior to or 90
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ARTICLE IV-