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. (Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	/)
PICK-UP	WAIT .	MAIL MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE WALLAMASSEE, FLORID A

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T. BROWN

COVER LETTER

Division o	of Corporations		•
Chem SUBJECT:	Mark Consulting Group LLC		
SOBOLCI	Name of L	imited Liability Company	
The enclosed Artic	les of Organization and fee(s)	are submitted for filing.	
Please return all con	rrespondence concerning this 1	natter to the following:	
Larry A	A. Jackson		
		Name of Person	
		Firm/Company	
2224 E	agle Bluff Drive	Thin Company	
2224 Ei			· · · · · · · · · · · · · · · · · · ·
		Address	
Valrico	, Florida 33596		
		City/State and Zip Code	
ChemMa	rk@msn.com		
	E-mail address: (to be use	d for future annual report notificat	ion)
For further information	on concerning this matter, plea	se call:	
Larry A.		486-6205	
· · · · · · · · · · · · · · · · · · ·	Name of Person	Area Code Daytime Telephon	ne 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

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

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICEE I - Name:	ı			
The name of the Limited Liability	Company is:			A ST
				(S.)
ChemMark Consulting	Group LLC			老女 20
	ith the words "Limited	Liability Company,	"L,L.C.," or "LLC.")	5/2 10
•		, 1 ,,	,	F99. 2
ARTICLE II - Address:				
The mailing address and street add	lress of the principal o	ffice of the Limited I	Liability Company is:	200
<u>Principal</u>	Office Address:		Mailing Addr	ess:
ChemMark Consulting	Group LLC			
2224 Eagle Bluff Drive				
Valrico, Florida 33596				
	4 To 4 4 3 0 000			
ARTICLE III - Registered Agen (The Limited Liability Company c				lividual or
another business entity with an act			o 4 111401 4401611414 on 111	
•	_	-		
The name and the Florida street ad	dress of the registered	l agent are:		
	Larry A. Jackson			
		Name		
	2224 Eagle Bluff Dri	ve		
	Florida street address		ceptable)	
	Valrico	Florida	33596	
	City	State	Zip	
			y	I),
Having been named as registered ag place designated in this certificate, I				
nace aesignated in this certificate, t further agree to comply with the prov				
am familiar with and accept the oblig				
	10		1	
	Xa.	1/2 /0	la	
	Regist	ered Agent's Signatur	re (REOUIRED)	
			· · /······× · · · · · · · · · · · · · ·	
	\mathcal{U}	[/		
		(CONTINUED)		

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
"MGR"	Larry A Jackson
141011	2224 Eagle Bluff Drive
	Valrico, Florida33596
	Valifico, Piolidassisso
"AMBR"	Sharon L Jackson
- AMDR	2224 Eagle Bluff Drive
	Valrico, Florida 33596
	Valified, Plotida 33390
· · · ·	
(Use attachment if necessary)	
LE V: Effective date, if other than the frective date is listed, the date must of filing.) If the date inserted in this block does	the date of filing:
LEV: Effective date, if other than the fective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the frective date is listed, the date must of filing.) If the date inserted in this block does the ument's effective date on the Departure.	be specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be ment of State's records.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be ment of State's records. And Andrew a member or an authorized representative of a member.
LE V: Effective date, if other than the frective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with the signature of the	not meet the applicable statutory filing requirements, this date will not be ment of State's records. a member or an authorized representative of a member. a section 905.0293 (1) (b), Florida Statutes, the execution of this document
LE V: Effective date, if other than the frective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with constitutes an affir	not meet the applicable statutory filing requirements, this date will not be ment of State's records. a member or an authorized representative of a member. In section 905.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other than the fective date is listed, the date must to of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with constitutes an affirm I am aware that an	not meet the applicable statutory filing requirements, this date will not be ment of State's records. a member or an authorized representative of a member. In section 905.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. It false information submitted in a document to the Department of State
LE V: Effective date, if other than the frective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with constitutes an affirm I am aware that an acconstitutes a third.)	not meet the applicable statutory filing requirements, this date will not be ment of State's records. a member or an authorized representative of a member. In section 905.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. It false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the frective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with constitutes an affirm I am aware that an acconstitutes a third.)	not meet the applicable statutory filing requirements, this date will not be ment of State's records. a member or an authorized representative of a member. In section 905.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. It false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
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LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance wit constitutes an affir I am aware that an constitutes a third La	not meet the applicable statutory filing requirements, this date will not be ment of State's records. a member or an authorized representative of a member. In section 905.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. It false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)

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