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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VECTORMARK 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 H BUCKNER

Name of Person

Firm/Company

6986 Lake Ola Drive

Address

Mount Dora FL 32757

City/State and Zip Code

Mbuckner@ipapilot.org

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

For further information concerning this matter, please call:

Mark Buckner

352

516-5101

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

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

Street Address

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

**ARTICLES OF ORGANIZATION FOR
VECTORMARK LLC
A FLORIDA LIMITED LIABILITY COMPANY**

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

VECTORMARK LLC.

ARTICLE II - The mailing address and street address of the principal office of the Limited Liability Company is:

**6986 Lake Ola Drive
Mount Dora FL 32757**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Mark H Buckner
6986 Lake Ola Drive
Mount Dora FL 32757

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OCT 28 2015

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 :



Mark H Buckner

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

Title: AMBR
Mark H Buckner
6986 Lake Ola Drive
Mount Dora FL 32757

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ARTICLE V: Effective date: The company's existence shall be deemed on the date on which the Articles of Organization are filed with the Florida Department of State



Signature of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 H BUCKNER
Typed name of signer