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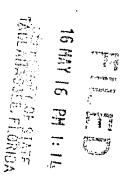
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U5-24-14

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MARK 5, GIBSON C.S.F.A LUC 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 SIGIBSON
Name of Person
MARK G. 61BSON CSFA LLC Firm/Company
4709 PARKWAY BLUD
Address
LAND O' LAKES FL 54639 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
MARK S. GIBSON C.S.F.A LUC (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: 4709 PARKWAY BLUD 4709 PARKWAY BLUD LAND O' LAKES FLURIDA FLORIDA 34639 Address: Mailing Address: Mailing Address: AND O' LAKES FLURIDA 34639		
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.)	heriotra B o	
The name and the Florida street address of the registered agent are: WARKS. GIBSON Name 4709 PARKWAY BLUD. Florida street address (P.O. Box NOT acceptable)	S MAY 16 EX	dane.
City State Zip	<u>:</u>	j. ii
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)

Page 1 of 2

Titk: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MG2	MARK S. GIBSON 4709 PARKUTY BLUD LAND O'LAKES FL 34637		
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effective date is listed, the date must be spe te of filing.)	of filing: (OPTIONAL)	ys after	(
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