416000128003

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	<u> </u>
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bt	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	•	
	· · · · · · · · · · · · · · · · · · ·	

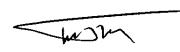




500287345775

07/01/16--01006--007 **125.00

SECRETARY OF STATE



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	Alan Marks Mediations, LLC		
SUBJEC		Limited Liability Company	
The encl	osed Articles of Organization and fee(s	s) are submitted for filing.	
Please re	turn all correspondence concerning thi	s matter to the following:	
	Alan R. Marks		
		Name of Person	
	Alan Marks Mediations, LLC		
		Firm/Company	
	8551 West Sunrise Boulevard, Suit	te 303	
		Address	
	Plantation, FL 33322		SECRE
	alanmarksmediations@gmail.com	City/State and Zip Code	1 12
		used for future annual report notification)	
For furthe	r information concerning this matter, p	lease call:	OF STATE
	Alan R. Marks	954 868-7560 t ()	m mm
	Name of Person	Area Code Daytime Telephone Number	
Enclosed	l is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status		us &
	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 FLORIDA LIMITED LIABILITY COMPANY

Alan Marks Mediation	ons, LLC				
(Must end v	vith the words "Limited	l Liability Compan	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Limited	d Liability Company is:		
Principa	l Office Address:		Mailing Add	ress:	
8551 West Sunrise Bo Plantation, FL 33322			1 West Sunrise Boulevar ntation, FL 33322	d, Suite 303	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ar-	cannot serve as its own ctive Florida registration	Registered Agent. on.)		ndividual or	\$1.50 \$0.38
	Alan R. Marks			t .	7 22 77
		Name			
	8551 West Sunrise E				
	Florida street addres	ss (P.O. Box <u>NOT</u> a	acceptable)		37
	Plantation	Florida	33322	Ğ	OTE .
	City	State	Zip		
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obj	I hereby accept the apportion of all statutes religations of my position	pointment as registe relating to the prope as registered agent	red agent and agree to act r and complete performar	t in this capacity. I nce of my duties, and I	
		(CONTINUED)	•		

Page 1 of 2

<u>l'itle:</u>		Name and Address:
AMBR" = Authori		
'MGR" = Manager MGR		Alan R. Marks
WICK		8551 West Sunrise Boulevard, Suite 303
		Plantation, FL 33322
		Tulliation, CD 33322
		
		e aude
		
		•
V: Effective date, tive date, filing.)	if other than the date of the date must be specif	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not
CV: Effective date, ctive date is listed, filing.) he date inserted in tent's effective date. CVI: Other provision.	this block does not mee e on the Department of the day.	fic and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not
EV: Effective date, ctive date is listed, filing.) the date inserted in nent's effective date. EVI: Other provision	this block does not mee e on the Department of the box, if any.	fic and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not State's records.
EV: Effective date, ctive date is listed, filing.) the date inserted in nent's effective date. EVI: Other provision	this block does not mee e on the Department of sons, if any.	fic and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not State's records.
EV: Effective date, ctive date is listed, filing.) the date inserted in nent's effective date EVI: Other provision	this block does not mee on the Department of sons, if any. Signature of a memis document is executed	the applicable statutory filing requirements, this date will not State's records. ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes.
EV: Effective date, ctive date is listed, filing.) the date inserted in nent's effective date EVI: Other provision	this block does not mee on the Department of sons, if any. Signature of a memls document is executed a ware that any false in	fic and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not State's records. Language of the applicable statutory filing requirements, this date will not State's records.
EV: Effective date, ctive date is listed, filing.) the date inserted in ment's effective date. EVI: Other provision REOUIRED SIGN	this block does not mee e on the Department of sons, if any. Signature of a meml s document is executed a ware that any false in estitutes a third degree fee	the applicable statutory filing requirements, this date will not State's records. ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State
ctive date is listed, f filing.) the date inserted in nent's effective date E VI: Other provision REOUIRED SIGN Thi I ar	this block does not mee e on the Department of ons, if any. Signature of a memls document is executed a aware that any false in stitutes a third degree feed.	the applicable statutory filing requirements, this date will not State's records. ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State
EV: Effective date, ctive date is listed, filing.) the date inserted in nent's effective date. EVI: Other provision	this block does not mee e on the Department of ons, if any. Signature of a memls document is executed a aware that any false in stitutes a third degree feed.	the applicable statutory filing requirements, this date will not State's records. ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. aformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.

ARTICLE IV-