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[Handwritten signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alan Marks Mediations, 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:

Alan R. Marks
Name of Person

Alan Marks Mediations, LLC
Firm/Company

8551 West Sunrise Boulevard, Suite 303
Address

Plantation, FL 33322
City/State and Zip Code

alanmarksmediations@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan R. Marks 954 868-7560
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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alan Marks Mediations, LLC

(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:

8551 West Sunrise Boulevard, Suite 303
Plantation, FL 33322

Mailing Address:

8551 West Sunrise Boulevard, Suite 303
Plantation, FL 33322

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.)

The name and the Florida street address of the registered agent are:

Alan R. Marks

Name

8551 West Sunrise Boulevard, Suite 303

Florida street address (P.O. Box **NOT** acceptable)

<u>Plantation</u>	<u>Florida</u>	<u>33322</u>
City	State	Zip

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)

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

MGR

Plantation, FL 33322

Page 2 of 2