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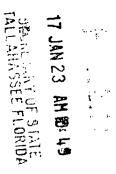
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m. Hallin

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mark Chandler and Associates 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 Chandler Name of Person
Mark Chandler & Associates Firm/Company
8591 N.W. 26 Pace
Sunrise, FLorida 33322  City/State and Zip Code  MCCOPY @ COMCast. net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Chandler at (200) 728-6087  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee \$130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section
Division of Cornorations Division of Cornorations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MARK CHANDLER AND ASSOCIATES 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: Mailing Address:	
8591 NW 26 Mace Sunrise, Florida 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 enterprise another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    Mark Chandle   Name   N	
8591 NW 26 P(CCL)  Florida street address (B.O. Box NOT accountable)	
Sunrise Florida 33322  City State Zip	
laving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I arther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I amiliar 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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR MFMGR	Mark Chandler 8591 NW 26 Place Sunrige, FL 33322
n effective date is listed, the date must b	date of filing: January 18, 2017 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days
ricle V: Effective date, if other than the n effective date is listed, the date must b late of filing.)  e: If the date inserted in this block does r document's effective date on the Department.	e 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 lis
ricle V: Effective date, if other than the n effective date is listed, the date must b date of filing.)  e: If the date inserted in this block does n document's effective date on the Department of the Departmen	e 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 listent of State's records.
FICLE V: Effective date, if other than the in effective date is listed, the date must be date of filing.)  te: If the date inserted in this block does not document's effective date on the Department of the Depa	e 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 listent of State's records.

ARȚICLE IV-

Page 2 of 2