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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

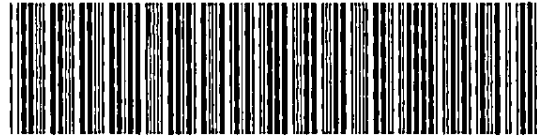
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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The Soto Law Group, P.A.

EST. 1997

AV RATED FIRM

BUSINESS & CONSTRUCTION LAWYERS

2400 E. COMMERCIAL BOULEVARD, SUITE 400

FORT LAUDERDALE, FL 33308

TEL. (954)567-1776 · FAX (954)567-1778

Tracy L. Burts, Esq.
tracy@sotolawgroup.com

December 1, 2017

VIA US MAIL

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

RE: *Marker Management, LLC*
226 Southeast 12th Avenue, Fort Lauderdale, FL 33301

To whom it may concern:

Enclosed please find the forms required for forming a Florida Limited Liability Company and check No. 18840 in the amount of \$125.00 for payment of the filing fee for Articles of Organization and Designation of Registered Agent.

Should you have any questions regarding the aforesaid, please do not hesitate to contact our office.

Respectfully,

A handwritten signature in black ink that reads 'Tracy L. Burts'. The signature is written in a cursive, flowing style.

Tracy L. Burts, Esq.
FOR THE FIRM

ENCLOSURES

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Marker Management, 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:

Alexander O. Soto, Esq.

Name of Person

The Soto Law Group, P.A.

Firm/Company

2400 E. Commercial Blvd., Suite 400

Address

Fort Lauderdale/FL 33308

City/State and Zip Code

lisa@sotolawgroup.com

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

For further information concerning this matter, please call:

Tracy Burts 954 567-1776

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Marker Management, LLC

(Must contain 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:

226 Southeast 12th Ave
Fort Lauderdale, FL 33301

Mailing Address:

226 Southeast 12th Ave
Fort Lauderdale, FL 33301

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:

Alexander O. Soto, Esq.

Name

2400 E. Commercial Blvd., Suite 400

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

Fort Lauderdale

FL

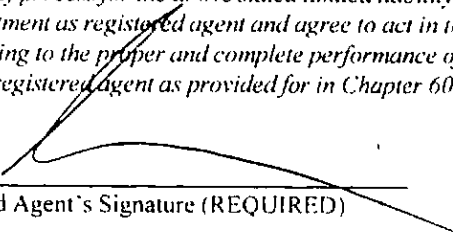
33308

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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TALLAHASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Margaret Hogan Marker

226 SOUTHEAST 12TH AVE.

FORT LAUDERDALE, FL 33301

AMBR

Walter Grey Marker II

226 SOUTHEAST 12TH AVE.

FORT LAUDERDALE, FL 33301

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative 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.

Alexander O. Soto, Esq.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE FLORIDA