L17000249677

Ral Frasch 1/9 (Requestor's Name)
8209 - NIJ 93 rd Terrace
TAMARACE STATES
TAMARAC FL 33321 /(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
FRASCA (Business Entity Name)
<u>L05000 & 33 42</u> (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

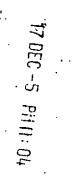




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J REYES DEC 05 2017



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Marked Amencan, 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:
Joanna E. Frankel, Esq. Name of Person
Firm/Company
5155 SW 6th Court
Address
Plantation FL 33317
Plantation R 3331.7 City/State and Zip Code journa. france a grant. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jounna Frankel at 305, 205 - 2428 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: AIRIAL PRUID \$125.00 Filing Fee \$ Certificate of Status S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLE 1 - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
marked American 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: Mailing Address:		
1209 NW 93rd Terrace 8209 NW 93rd Terrace Tamarac, Fr. 33321 Tamarac, Fr. 33321		
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:	17 D	
_	DEC	
Joanna E. Frankel	5	
Name	" "O	
5155 SW 6th Court	PH II:	• •
		••
Plantation FL 33317	03	
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 wrther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and		

H p 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)

T:41	zed to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	·
<u> </u>	Paul Fraschilla
AMBR	8209 NW 93 Cd Tromaco
	Jamarac Fi 33321
	Angela Fraschila
	TOOCH AN YEAR IT MAKE
	- HURMAN, NC 35321

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I so attachment if a	
Use attachment if necessary)	~D
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Use attachment if necessary) EV: Effective date, if other than the date of filing citive date is listed, the date must be specific a	ng: (OPTIONAL)
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CV: Effective date, if other than the date of filing titve date is listed, the date must be specific a filing.) the date inserted in this block does not meet the ent's effective date on the Department of State VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member of This document is executed in an I am aware that any false inform	and cannot be more than five business days prior to 90 to applicable statutory filing requirements, this date will not e's records.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Only)

5 5.00 Certificate of Status (Optional)