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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF STATE
(TALLAHASSEE, FLORID

D O'KEEFE FEB 1 3 2018

COVER LETTER TO: **New Filing Section Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: n R Smyth Jr BIZ MHM LLC. 50 Baltimore St 4th Flour Cumberland, MD 21502
City/State and Zip Code Smyth \alpha \chi2. (\omega) For further information concerning this matter, please call: 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	\$160.00 Filing Fee, Certificate of Status &
		(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:	
Milliam W. Mark, J. MD 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:	
4340 West Gulf Drive Same	
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 mother business entity with an active Florida registration.)	ual or
The name and the Florida street address of the registered agent are:	
William W. Mark Jr	
Name	
4340 West Gulf Drive	
Florida street address (P.O. Box NOT acceptable)	

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.

Schibel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>'itle:</u>	Name and Address:
AMBR" = Authorized Member	1
IGR" = Manager	William W. Mark, Jr
AMBR	4340 West Gulf Drive
	Sanital FL 33957
	_Serring, 1.5 _ 55.57
	
V: Effective date, if other than the date of filli	ng:
ctive date is listed, the date must be specific a filing.)	and cannot be more than five business days prior to or 9 he applicable statutory filing requirements, this date will n

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)

18 FEB -9 AM 10: 07 SECRETARY OF STATE TALLAHASSEE, FLORID