## L19000057603

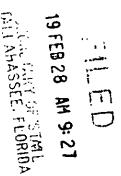
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Only Otal O Ziph Holle II)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
, , , , , , , , , , , , , , , , , , ,					

Office Use Only



900324631699

U2/28/19--01024--016 \*\*125.00



N CULLICY \*\*

## COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC'	MARKIM PROPERTIES	. LLC	
SOBJEC		imited Liability Company	<u> </u>
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.	
Please rett	urn all correspondence concerning this	natter to the following:	
	KIMBERLY M. HOLDERNESS		
		Name of Person	
		Firm/Company	
	895 SPRING PARK LOOP		
		Address	
	CELEBRATION, FL 34747		
	HOLDERNESS@COMCAST.NET	City/State and Zip Code	
	<del></del>	ed for future annual report notification	)
For further	information concerning this matter, ple	ise call:	
	KIMBERLY HOLDERNESS	520 271-5592	
	Name of Person	Area Code Daytime Telephone i	Yumber
Enclosed i	is a check for the following amount:		
	Filing Fee S130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section Division of Corporation	S
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center (	Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ARKIM PROPERTIES, L				
(Must cont	ain the words "Limited Li	iability Company,	"L.L.C.," or "LLC.")		
ARTICLE 11 - Address: The mailing address and street a	ddress of the principal off	fice of the Limited	Liability Company is:		
<u>Princip</u>	al Office Address:		Mailing Address:		
895 SPRING PARK	LOOP	895 9	SPRING PARK LOOP		
CELEBRATION, FL	_ 34747	CEL	EBRATION, FL 34747	<del></del>	
The Limited Liability Company	cannot serve as its own I	Registered Agent. N	t's Signature: 'ou must designate an individual or	- <del></del>	
The Limited Liability Company mother business entity with an a	cannot serve as its own Is active Florida registration address of the registered a	Registered Agent. Y	ou must designate an individual or	19   FALL	
The Limited Liability Company nother business entity with an a	cannot serve as its own Is active Florida registration address of the registered a ERIC HARWOOD	Registered Agent. \ i.) agent are:	ou must designate an individual or	19   FALL	
The Limited Liability Company nother business entity with an a	cannot serve as its own Is active Florida registration address of the registered a ERIC HARWOOD	Registered Agent. Y	ou must designate an individual or	19   FALL	
The Limited Liability Company nother business entity with an a	cannot serve as its own Is active Florida registration address of the registered a ERIC HARWOOD	Registered Agent. \ agent are: Name	ou must designate an individual or	19 FEB 28 A	
The Limited Liability Company mother business entity with an a	ecannot serve as its own Is active Florida registration address of the registered a ERIC HARWOOD	Registered Agent. Y agent are: Name	ou must designate an individual or	19 FEB 28 AM 9	_
ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an a	cannot serve as its own Is active Florida registration address of the registered a ERIC HARWOOD 895 SPRING PARK L	Registered Agent. Y agent are: Name	ou must designate an individual or	19 FEB 28	

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)

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Munager MGR  MGR	MARK R. HOLDERNESS 7131 N. PAMPA PL TUCSON, AZ 85704  KIMBERLY M. HOLDERNESS 7131 N. PAMPA PL. TUCSON, AZ 85704	
(Use attachment if necessary)	TALL AHASSEE, FLC	
the date of filing.)	ecific and cannot be more than five business days prior to $\frac{1}{92}$ 90 day neet the applicable statutory filing requirements, this date will not be	
REQUIRED SIGNATURE:	M. Shawang L.	<u>-</u> -
This document is execus I am aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State telony as provided for in s.817.155, F.S.	
ERI	C HARWOOD  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)