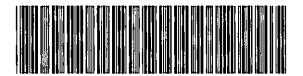
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	porations			
MKBL LLC				
	Name o	f Limited Lial	oility Company	
Articles of G	Organization and fee(s) are submitt	ed for filing.	
all correspo	ndence concerning th	is matter to th	e following:	
Jark K Coch	rane			
		Name	of Person	
JKBL LLC				
		Firm/	Company	
875 NW 11t	h Court			
		Ac	ldress	
Jargate, FL.	33063			
rmadatta Co	chrana@Outlook con	-	and Zip Code	
	_		e annual report notificat	ion)
ormation cor	ncerning this matter, p	olease call:		
iark K. Coch	rane	954	695-6042	
-		Daytime Telephon	ne Number	
check for th	e following amount:			
	□\$130.00 Filing F	s Ceri	tified Copy	E\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
New Fi Divisio P.O. Bo	ling Section n of Corporations ox 6327		The Centre of Tallah 2415 N. Monroe Stre	assee eet, Suite 810
	MARIE LLC MARGANE FL Margate, FL Margate, FL Margate, FL Margate FL Marg	Articles of Organization and feet all correspondence concerning the Mark K Cochrane MKBL LLC Margate, FL 33063 ernadette.Cochrane@Outlook.con E-mail address: (to be formation concerning this matter, p fark K. Cochrane Name of Person I check for the following amount: Siling Fee	Name of Limited Liab Articles of Organization and fee(s) are submitted all correspondence concerning this matter to the stark K Cochrane Name Name	Name of Limited Liability Company I Articles of Organization and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Dark K Cochrane Name of Person MKBL LLC Firm/Company Address Margate, FL 33063 City/State and Zip Code ernadette.Cochrane@Outlook.com E-mail address: (to be used for future annual report notificat formation concerning this matter, please call: Mark K. Cochrane at (

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		
MKBL LLC (Must cont	in the words "Limited	Liability Compan	y, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street ad			
Princips	d Office Address:		Mailing Address:
6875 NW 11th Court Margate, FL 33063		6875 NW 11th Court Margate, FL 33063	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agen	gent's Signature: t. You must designate an individual or
The name and the Florida street a	address of the registered	d agent are:	
	Mark K. Cochrane	Name	
	6875 NW 11th Court Florida street address (P.O. Box NOT acceptable)		
	Coral Springs City	FL 33063 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)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Mark K.Cochrane 6875 MW 11th Court
	Margate, FL 33063
AMBR	Bernadette L. Cochrane
113424	6875 NW 11th Court
	Margate, FL 33063
<u></u>	
(Use attachment if necessary) ARTICLE V: Effective date, if other than t	he date of filing:
(If an effective date is listed, the date mus	t 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	es not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depa	
•	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Carl.	OK C.C.
Signatura	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 a	ny 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.
Mark K. C	Cochrane
	Typed or printed name of signee

as

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	- C-many is:			
The name of the Limited Liabilit	y Company is:			
MKBL LLC	ain the words "Limited L	lability Company "	L.C.," or "LLC."	
(Must cont	ain the words Timited L	natinity Company:	u, ia. u.	
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limited I	Liability Company is	s:
<u>Princip</u>	al Office Address:		Mailing A	<u>Address</u> :
6875 NW 11th Court			NW 11th Court	
Margate, FL 33063		Маге	ate. FL 33063	
(The Limited Liability Company another business entity with an The name and the Florida street	active Florida registratio	n.)		
		Name		
	6875 NW 11th Court		- 11-)	-
•	Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)	
	Coral Springs	FL 33063		_
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the o	e, I hereby accept the app provisions of all statutes re bligations of my position	ointment as registere elating to the proper	ed agent and agree to and complete perfo as provided for in Ci	rmance of my duties, and I

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Mark K.Cochrane MGR 6875 MW 11th Court Margate, FL 33063 Bernadette L. Cochrane AMBR_ 6875 NW 11th Court Margate, FL 33063 (Use attachment if necessary) _. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: ___ (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 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, REOUIRED 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.

Mark K. Cochrane

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)