

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

C24000239489

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.
Account Number : 120200000174
Phone : (239)262-5303
Fax Number : (239)262-6030

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: marwalsh@deloitte.com

**FLORIDA LIMITED LIABILITY CO.
Marker Capital, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 2024 JUL 15 PM 2:09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MARKER CAPITAL, 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:

CONRAD WILLKOMM, ESQ.
Name of Person

LAW OFFICE OF CONRAD WILLKOMM, P.A.
Firm/Company

3201 NORTH TAMiami TRAIL, SECOND FLOOR
Address

NAPLES, FLORIDA 34103
City/State and Zip Code

CONRAD@SWFLORIDALAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CONRAD WILLKOMM 239 262-5303
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- Options for filing fees: \$125.00, \$130.00 with Certificate of Status, \$155.00 with Certified Copy, and \$160.00 with Certified Copy.

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS
2024 JUL 15 PM 2:09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARKER CAPITAL, 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:

402 TILDEN ROAD
SCITUATE, MA 02066

Mailing Address:

402 TILDEN ROAD
SCITUATE, MA 02066

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:

LAW OFFICE OF CONRAD WILLCOMM, P.A.

Name

3201 TAMiami TRAIL N, SECOND FLOOR

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

NAPLES

FLORIDA

34103

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

MARK A. WALSH
402 TILDEN ROAD
SCITUATE, MA 02066

(Use attachment if necessary)

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

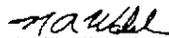
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

This is a manager managed company. Any manager may take any action on behalf of the company without consent of the members or other manager(s).

REQUIRED SIGNATURE:


MARK A WALSH (07/15/2024 12:55 EDT)

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 A. WALSH
Typed or printed name of signee

Filing Fees:

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