

L11000004173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200189104122

01/07/11--01005--018 \*\*155.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 JAN -7 AM 10:56  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

EFFECTIVE DATE 1/3/2011

B. KOHR

JAN 11 2011

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN -7 PM 1:25



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2011

LAZARUS

TALLAHASSEE, FL

SUBJECT: MEET FLA LLC  
Ref. Number: W1100001180

EFFECTIVE DATE 1/3/2011

RECEIVED  
11 JAN 11 AM 11:38  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
FILED STATE  
SECRETARY OF CORPORATIONS  
-7 PM 1:25

We have received your document for MEET FLA LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The existing entity with the similar name is MEET CORPORATION -- Document Number P01000113098. Please note that the addition or absence of the word "FLORIDA" or any abbreviation of "FLORIDA" at the end of a name does NOT constitute a significant difference.

ALSO, please note that we are RETAINING your \$155.00 payment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 011A00000681

**LAZARUS**  
**CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

EFFECTIVE DATE 1/3/2011

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN -7 PM 1:25

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. MEET FLA LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in       Pick up time 2.06       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

EFFECTIVE DATE 1/3/2011

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MEET USA LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN -7 PM 1:25

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

1735 WA-KEE-NA DR  
COCONUT GROVE  
FLORIDA 33133

1735 WA-KEE-NA DR  
COCONUT GROVE  
FLORIDA 33133

**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:

MARTHA E TABARLY

Name

1735 WA-KEE-NA

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

COCONUT GROVE FL 33133

City, State, and 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 608, F.S.*

X Martha E. Tabarly

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

MARTHA E TABARLY

1735 WA-KEE-NA DR

COCONUT GROVE, FLORIDA 33133

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

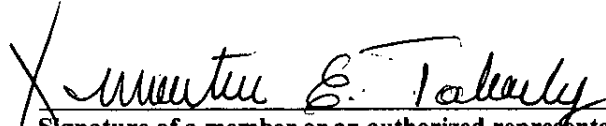
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: JANUARY 03, 2011 . (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.)**

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

**MARTHA E TABARLY**

\_\_\_\_\_  
Typed or printed name of signee