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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I2016000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
1456 MELROSE LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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H22000209902

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

1456 Melrose LLC

**SUBJECT:** \_\_\_\_\_  
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:

Stanley Jhagroo

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

435 10th Pl SW

\_\_\_\_\_  
Address

Vero Beach, FL 32962

\_\_\_\_\_  
City/State and Zip Code

StanJ100@hotmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stanley Jhagroo

at ( 954 )

2439726

\_\_\_\_\_  
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  
(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 3327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 018  
Tallahassee, FL 32303

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1456 Melrose 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:**

435 10th  
Place SW,  
Vero Beach, FL 32962

**Mailing Address:**

435 10th Pl  
SW, Vero  
Beach, FL 32962

**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 a valid Florida registration.)

The name and the Florida street address of the registered agent are:

Stanley Jhagroo

Name

435 10th Place SW

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

Vero Beach FL 32962

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, and 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.

DocuSigned by:

BF09CB074E9748F...

Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA  
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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" - Authorized Member  
"MGR" = Manager  
AMBR

Stanley Jhagroo

435 10th Pl SW, Vero Beach, FL 32962

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

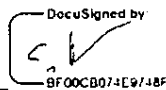
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED 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.17.155, F.S.

Stanley Jhagroo

\_\_\_\_\_  
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)

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