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(Requestor's Name)						
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Special Instructions to Filin	g Officer: \^-\$03I}					

Office Use Only



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17. JUN 23 AH II: 58 SECRETARY OF STATE TALLANASSEE, FLORID

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S. WARREN JUN 2 6 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2017

JUSTIN HIXSON 11 TAFT COURT, SUITE 101 ROCKVILLE, MD 20850

SUBJECT: MELE ASSOCIATES, INC.

Ref. Number: W17000050312

We have received your document for MELE ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 617A00012187

COVER LETTER

TO:	Registration Secti				
	Division of Corpo		LE Associate	is Inc	
SUB.	JECT:	IVIC	TE USSOCIAL	55, IIIC.	
		Name of c	orporation -	must include suffix	
Dear S	Sir or Madam:				
"Certi		or "Certificate of	Good Stand	ing" and check are sub	ct Business in Florida," omitted to register the
	e return all correspor Hixson	ndence concerning	this matter t	o the following:	
			Name of Po	erson	
MELE	Associates, Inc.				•
	ft Court, Suite 101		Firm/Comp	any	
Rockv	rille, MD 20850		Addres	8	
justin.	hixson@meleassociate		ity/State and	Zip code	
			he used fo	r future annual report	notification)
D C .		•		•	,
For Iu	erther information co	ncerning this matte	er, piease ca	(i):	
Justin Hixson		nt (240	453-6974	
	Name of Person	at (Area Code	Daytime Telep	hone Number
	STREET/COUR Registration Section of Corpo Clifton Building 2661 Executive Corallahassee, FL 3	on rations enter Circle 2301		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
	sed is a check for the	following amount \$78.75 Filing Fe Certificate of St	e & 🗇	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. MELE Associates, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 521819489 (State or country under the law of which it is incorporated) (FEI number, if applicable) 04/23/1993 (Date of incorporation) (Date of duration, if other than perpetual) 06/05/2017 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 11 Taft Court, Suite 101 Rockville, MD 20850 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Dr., Suite A Office Address: Tallahassee 32301 , Florida (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place

designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Justine Karnell, Asst. Secretary

(Registered agent's signature)

10. Attached is a certificate of Existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Melvin Chiogiofi Chairman: 11 Taft Court, Suite 101 Address: Rockville, MD 20850 Vice Chairman: Address: ____ Director: _ Address: ___ Director: __ Address: _ B. OFFICERS Alan Chlogioji President: 11 Taft Court, Suite 101 Address: Rockville, MD 20850 Vice President: Address: ___ Address: _____ NOTE: If pecessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Alan Chiogioji, President

(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MELE ASSOCIATES, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D.

2017.

2333745 8300 SR# 20174893562 Authentication: 202763967

Date: 06-22-17