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SECRETALY OF STATE TALLAHASSEE, FLORIDA (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:

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TRANSMITTAL LETTER

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04 JAN 26 PM 3:39

SECRETÁRY OF STATE TALLAHASSEE. FLORIDA

TO: Registration Section

Division of Corporations

SUBJECT: MELVIN LEE SHARP, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

[]\$125.00

Filing fee & Designation of Registered Agent

[**√**]\$130.00

Filing Fee, Designation of Registered Agent, & Certificate of Status

[]\$160.00

Filling Fee, Designation of Registered Agent, Certified Copy, & Certificate of Status

Please return all correspondence concerning this matter to the following:

MELVIN LEE SHARP 1043 BAVARIAN WAY APOPKA, FL 32703

For Further information concerning this matter, please call: MELVIN LEE SHARP at 407-310-4572.

Street Address:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION

OF

04 JAN 26 PM 3: 39

MELVIN LEE SHARP, LLC

SECRETARY OF STATE TALLAHASSE FOR THE Undersigned subscribers to this limited liability companyoa natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: MELVIN LEE SHARP, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 1043 BAVARIAN WAY, APOPKA, FL 32703.

ARTICLE III - REGISTERED AGENT

The registered agent of this corporation shall be:

NAME

ADDRESS

MELVIN LEE SHARP

1043 BAVARIAN WAY APOPKA, FL 32703

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.

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ARTICLE IV - MANAGEMENT

04 JAN 26 PM 3: 39

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

TALLAHASSEE, FLORIDA

Title:

Name and Address:

President:

MELVIN LEE SHARP 1043 BAVARIAN WAY APOPKA, FL 32703

Secretary:

ANTHONY G. BISKNER 43 JUSTIN DRIVE APOPKA, FL 32712

Treasurer:

ANTHONY G. BISKNER 43 JUSTIN DRIVE APOPKA, FL 32712

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be <u>January 22</u>, 20<u>04</u>.

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.)

MELVIN LEE SHARP Printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 22rd day of January 14N 26 PH 3:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF SEMINOLE)

Notary Public, State of Florida At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.

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DATE: _ 1 22 64