

L 04 0600 68 707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

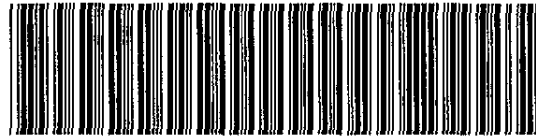
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09/21/04--01044--011 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP 21 PM 3:31

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 SEP 21 PM 12:00

RECEIVED

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH
DATE: 9/21/04
REF. #: 0409.30074
CORP. NAME: MASALAMO LLC

FILED
04 SEP 21 PM 1:31
RECEIVED
SECURITY DIVISION
TALLAHASSEE, FLORIDA
04 SEP 21 AM 11:40
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 509727 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
MASALAMO LLC**

FILED
04 SEP 21 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I: - Name

The name of the Limited Liability Company is: **MASALAMO LLC**

ARTICLE II: - Address

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

**1801 S.E. Hillmoor Drive
Port St. Lucie, FL 34952**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**Savitri Balkaran
1801 S.E. Hillmoor Drive
Port St. Lucie, FL 34952**

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.

By: Savitri Balkaran
Savitri Balkaran, Manager

ARTICLE IV: - Management

☒ The Limited Liability Company is to be managed by one or more Managers and is, therefore, a manager - managed company.

ARTICLE V: - Manager(s) or Managing Member(s):

The name and address of Manager is as follows:

MGR

**Savitri Balkaran
1801 S.E. Hillmoor Drive
Port St. Lucie, FL 34952**

By: Savitri Balkaran
Savitri Balkaran, Authorized Signer

(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.)

Savitri Balkaran
Typed or printed name of signee