

L050000 43335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

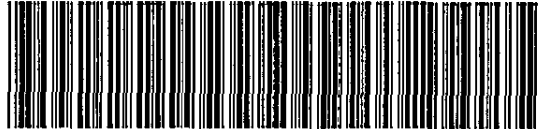
(Business Entity Name)

(Document Number)

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

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Office Use Only



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05 APR 09 11:58  
STATE  
CLERK OF SUPERIOR COURT  
FLORIDA

FILED

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MELchor PEREZ LLC.  
(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:

MEL PEREZ  
(Name of Person)

MELchor PEREZ LLC  
(Firm/Company)

9583 SAN ISLE DR NE  
(Address)

ST PETE FL 33702  
(City/State and Zip Code)

05 APR 29 AM 9:58  
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STATE  
FLORIDA

For further information concerning this matter, please call:

MEL PEREZ at (727) 422 2261  
(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)

STREET ADDRESS:  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MELCHOR PEREZ, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

9583 SAN ISLE DR NE  
ST PETER FL 33702

SAME

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

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

KATHLEEN PEREZ  
Name

9583 SAN ISLE DR NE  
Florida street address (P.O. Box **NOT** acceptable)

ST PETER FL 33702  
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..

Kathleen Perez  
Registered Agent's Signature  
Kathleen PEREZ

(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:**

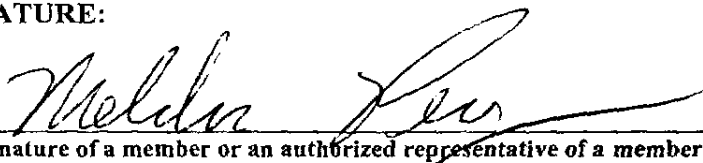
MGR

Melchor Perez  
9583 SUN ISLE DR NE  
St Petersburg FL 33702

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

MELCHOR PEREZ  
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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05 APR 28 AM 9:58  
STATE  
FLORIDA

# CITY OF ST. PETERSBURG, FLORIDA OCCUPATIONAL TAX CERTIFICATE

ACCOUNT NO.

DATE

68134

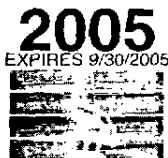
April 21, 2005

BUSINESS

PEREZ, MELCHOR

9583 SUN ISLE DR NE

SAINT PETERSBURG FL 33702-2625



Oper: SAHENDRI Type: CP Drawer: 1

Date: 4/21/05 Receipt no: 842731

OL 2005 26202

10 NEW OCC LICEN 1 \$32.50

Trans number: 5289222

CK CHECK \$42.50

Trans date: 4/21/05 Time: 14:50:15

05-26202

DESCRIPTION OF OCCUPATION, PROFESSION, OR BUSINESS

UNCLASSIFIED

32.50

JOB COST ESTIMATION FOR ROOFING WORK

**HALF FEE CERTIFICATE**

0.00

**TOTAL**

32.50

MAIL

PEREZ, MELCHOR

9583 SUN ISLE DR NE

SAINT PETERSBURG FL 33702

Changes in business name, address, mailing name or address, as well as additions to the business activity, may require additional applications. Please contact this office before making changes or if the description on this certificate does not reflect your entire business activity. Additional activities may require additional taxes.

Failure to renew before the expiration date may result in penalty fees being assessed.

Display this certificate conspicuously at all times in the place of business. If there is no place of business, this certificate must be presented to any police officer or officer of the city upon their request.

Many occupational taxes are transferable from one owner to another, or one location to another. To transfer this certificate, contact our office for information and price, and fill in the following.

**This occupational tax certificate does not allow the holder to violate any city law, ordinance or regulation. It is not an endorsement, approval or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations or standards.**

I, \_\_\_\_\_ hereby assign all my rights, title and interest in occupational tax certificate # \_\_\_\_\_ to \_\_\_\_\_  
(name of new owner) (signature of previous owner)