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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone (800)494-3124 Fax Number : (305)675-2811

IVISION OF CORPORATION

# LIMITED LIABILITY COMPANY

## MeeZak Investments LLC

Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED 12 12 -4 14 3 19 LIABILITY COMPANY

A1A#CORPORATE#SERVICES

In compliance with Chapter 608, F.S.

## ARTICLE I NAME

The name of the Limited Liability Company is:

MEEZAK INVESTMENTS LLC

#### ARTICLE II **ADDRESS**

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

7031 HIAWASSEE OVERLOOK DRIVE ORLANDO, FL 32835

#### REGISTERED AGENT, REGISTERED OFFICE & REGISTERED ARTICLE III AGENT SIGNATURE

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

A1A REGISTERED AGENT INC. 92 SADBERRY RD. OUINCY, FL 32351

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

A1A REGISTERED AGENT INC. / Registered Agent's Signature

## ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

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### ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

ADEMOLA ADEWALE MD

Member: 7031 HIAWASSEE OVERLOOK DRIVE

ORLANDO, FLORIDA 32835

RAFIU ADEWALE

Member: 7031 HIAWASSEE OVERLOOK DRIVE

ORLANDO, FLORIDA 32835

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.)

ADEMOLA ADEWALE MD

Typed or printed name of signee

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