L05000058640

(Re	equestor's Name)
· (Ad	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
me illahilit y	
	CC Office Use Only
, in sof	-0
··-	nui
	DLC



200055800202

06/07/05--01008--011 **125.00

PILLU 2005 JUN - 7 P 12: 55 SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Se Division of Con				
SUBJECT: NEW ME		T ASSOCIATION LIMITED L I Liability Company)	IABILITY COMPANY	
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
YVONNE	WRIGHT			
	1)	Name of Person)		
NEW MELBOURNE	DEVELOPMENT ASSOCIA	 		
	O	Firm/Company)		
P.O. BOX 6	50556			
		(Address)		
VERC) BEACH, FL 32965			
	(City/	State and Zip Code)		
For further information	concerning this matter, please	cail:		
YVONNE WRIGHT		at (_772770 4721		
(Name	of Person)	(Area Code & Daytime Te	elephone Number III	-11
Enclosed is a check for	r the following amount:		HASS TAR	
3 \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Conv. (additional copyris Riclosed)	

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	y is:
NEW MELBOURNE DEVELOPMENT ASSOCI	ATION, L.L.C.
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1840 38TH LANE	P.O. BOX 650556
VERO BEACH, FL 32960	VERO BEACH, FL 32965
ARTICLE III - Registered Agent, Register The name and the Florida street address of	ered Office, & Registered Agent's Signature: the registered agent are:
YVONNE WRIGHT	
N	ame
1840 38TH LANE,	
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)
VERO BEACH, FL 32960	
City, Si	tate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familial with and registered agent as provided for in Chaptef 618, F.S

(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:		
MGRM	YVONNE WRIGHT		
MOIN	DIANE SELLARS		
	EDDIE WILLIAMS		
MGR	OLLIE SMITH		
MON	LINDA EVANS		
*******		·····	
		,,	
	**************************************	·_ , · <u>,</u>	
(Use attachment if necessary)			
NOTE: An additional article must be	added if an effective date is requested	•	
REQUIRED SIGNATURE:			
yvon	r an authorized representative of a member.		
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)	1005 C SECR	77
YVONNE WRIGHT		JUN	Canada Canada
Турес	or printed name of signee	ARY SSE	m
Filing Fees:		THE TO	O
\$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certifled Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ation and Designation	D: 55 STATE LCRIDA	_