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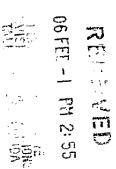
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**SECRETARY OF STATE
ALLAHASSEE, FLORIDA



We-11325

COVER LETTER

SUBJECT: FILMON Melo Construction 12-C (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:		
Please return all correspondence concerning this matter to the following: The Company (Name of Person) (Firm/Company) 627- JOHN HOS-LM		
Fileman melo (Name of Person) (Firm/Company) 627- JOHn Hoston Ln		
(Name of Person) (Firm/Company) 627- JOHn Hoston Ln		
(Name of Person) (Firm/Company) 627- JOHn Hoston Ln	*	
627- JOHn Hoston Ln	* **	
627- JOHn Hoston Ln		
627- JOHn Hoston Ln	•	
(Address)	2006	
Quuncy FZ 3235/	FEB	,
(City/State and Zip Code)	<u></u>	
For further information concerning this matter, please call:	PH	
Tolone mode Dr. 647 8707 87	PH 2: 47	
(Name of Person) at (050) O2/-0/75 Single (Area Code & Daytime Telephone Number)	_	
Enclosed is a check for the following amount:		
S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status S160.00 Filing Fee, Certificate of Status Certified Copy	*	
(additional copy is enclosed)	٠	

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tilemon (Must end with the words "Lim	melo	Cons	Lruction	LL-C
(Must end with the words "Lim	ited Liability Co	mpany, "Limited	Company" or their ab	breviation "LLC," or "L.C.,"

ARTICLE II - Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

Principal Office Address: Mailing Address:		
627 John Huston in Sam Es	2006 FEB	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another, business entity with an active Florida registration.)	- PH	
The name and the Florida street address of the registered agent are: Filting Melo	2:47	
627- John Huston 2n Florida street address (P.O. Box NOT acceptable)		
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page1 of 2

Title: MGR" = Manager "MGRM" = Managing Member	Name and Address: Tilemon Melo
m6R	627- JoHn Huston Ln QUINCY TZ 32351
	SECRETALLAHI
·	B-I PI
	STATE CORDA
(Use attachment if necessary)	te of filing: (OPTIONAL
CLE V: Effective date, if other than the dat	te of filing: (OPTIONAL pecific and cannot be more than five business days
CLE V: Effective date, if other than the date effective date is listed, the date must be spondays after the date of filing.) REQUIRED SIGNATURE:	te of filing: (OPTIONAL pecific and cannot be more than five business days \text{U(0)} The an authorized representative of a member.
CLE V: Effective date, if other than the date effective date is listed, the date must be spondays after the date of filing.) REQUIRED SIGNATURE: Signature of a member of the date of a member of the date of a member of the date of th	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury
CLE V: Effective date, if other than the date effective date is listed, the date must be spondays after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute that the facts stated hereign.	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury
CLE V: Effective date, if other than the date effective date is listed, the date must be spondays after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute that the facts stated hereign.	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)