

L060000 59607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

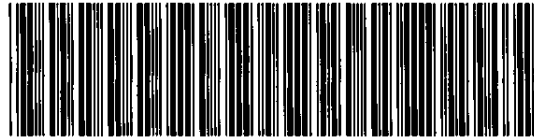
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

Charter Number Only

6/9/06 Maritza

Melnick, Lilienfeld, Assoc

Requestor's Name

2670 N.E. 215 Street

Address

Miami FL 33180

City

State

ZIP

Phone

(305) 937-1040 G

VALIDATION ONLY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Melnick Holdings, LLC

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                 | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit              | <input type="checkbox"/> Foreign            | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Dissolution        | <input type="checkbox"/> Other <u>LLC</u>           |
| <input type="checkbox"/> Reinstatement          | <input type="checkbox"/> Annual Report      | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reservation            | <input type="checkbox"/> Certified Copy     | <input type="checkbox"/> Photo Copies               |
| <input type="checkbox"/> Certificate Under Seal | <input type="checkbox"/> Call When Ready    | <input type="checkbox"/> Call If Problem            |
| <input type="checkbox"/> After 4:30             | <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait                  |
| <input type="checkbox"/> Mail Out               | <input type="checkbox"/> Pick Up            |   |

Name
Availability
Document
Examiner
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Empire Toll Free: 1-800-432-3028

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Melnick Holdings, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**12777 Old Cutler Road  
MIAMI, FL 33156**Mailing Address:**12777 Old Cutler Road  
MIAMI, FL 33156**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.)

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

Steven Melnick

Name

12777 Old Cutler RoadFlorida street address (P.O. Box **NOT** acceptable)Miami FL 33156

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)

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**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

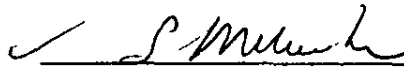
MGR**Name and Address:**

Steven & Ronne Melnick, A/T/B/E  
 12777 Old Cutler Road  
 Miami, FL 33156

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Steven Melnick

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)