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. (Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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OG JUL 17 AM II: 0: SECRETARY OF STATE

EFFEOTIVE DATE

COVER LETTER

TO: Registration Son Division of Co				
SUBJECT: Mekas	sh Enterprise LLC			
• -	(Name of Limite	d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Sherman	R. Raing			
"	(Name of Person)		
Mekash E	Enterprise LLC			
		Firm/Company)		
609 Clea	ar Lake Ave			
		(Address)		
West Pa	lm Beach, FL 3			
	· (City	/State and Zip Code)	TAL	<u> </u>
For further information	" concerning this matter, please	call:	CRET LAH.	= 11
Sherman R. R	aing	_{at (} 561) 248	ASSECR	10 J
(Name	e of Person)	(Area Code & Day	time Telephone Number)	三出
Enclosed is a check for	or the following amount:			3- In
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fe Certified Copy (additional copy is enclos	Certificate of Makes	ee D
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier A Registration Secti Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	ion Porations Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company i	s:	
Mekash Enterprise LLC		
Must end with the words "Limited Liability Company, "Lin	nited Company" or their abbreviation "LLC,	" or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Li	ability Company is:
Dulu alu al Office Addresse	Mailing Adduses	
Principal Office Address:	Mailing Address:	
609 Clear Lake Ave	P.O. Box 2554	
West Palm Beach, FL 33401	West Palm Beach, FL 33402	
ARTICLE III - Registered Agent, Register		
The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	gistered Agent. You must designate an indivi	idual or another
The name and the Florida street address of the	e registered agent are:	
		O6 SE
Sherman R. Raing	100 m	A-22 € -10
. Nati		06 JUL 17 SECRETARY
609 Clear Lake Ave		SEY
Florida street a	address (P.O. Box <u>NOT</u> acceptable)	
West Palm Beach,	_{FL} 33401	AM II: 05 OF STATE E. FLORID
City, State	e, 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) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member "MGR" Sherman R. Raing 609 Clear Lake Ave West Palm Beach, FL 33401 "MGRM" Deborah "Debbye" Raing 609 Clear Lake Ave West Palm Beach, FL 33401 "MGRM" Shermeka A. Raing 609 Clear Lake Ave West Palm Beach, FL 33401 "MGRM" Ashley B. Raing 609 Clear Lake Ave West Palm Beach, FL 33401 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 17 Jul 2006 (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 (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.) Sherman R. Raing

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)

Typed or printed name of signee