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Certified Copies	Certificates	of Status
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SECRETARY OF STATE
ALLAHASSEE, FIORIDA

COVER LETTER

TO:	Registration Sec Division of Cor			
SUBJI	ECT:	MEMEL, Lo	L Carlo Liability Company)	
The en	closed Articles of	Organization and fee(s) are su	ubmitted for filing.	
Please	return all correspo	ondence concerning this matte	r to the following:	
	0	LEG LEB	EDEV	
		Q	Name of Person)	
		MEMEL L	LC Firm/Company)	
	14605	Calusa Pa	(Address) FL 3391 (State and Zip Code)	
			(Address)	
	For	+ Myers	FL, 3391	<u>'9</u>
		(City	State and Zip Code)	
For fu	ther information of	concerning this matter, please	call:	
_0	Leg Les	Bedev	at (<u>239</u> <u>4/0</u> -	-5197
	(Name	of Person)	(Area Code & Daytime 10	elephone Number)
Enclo	sed is a check fo	r the following amount:		
\$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:	
MFK	MFL LLC	
(Must end with the words "Limited Liability	MEL, LLC Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
The mailing address and street add	dress of the principal office of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	
14605 Calusa Palm Dr. Ft. Myers, FL, 33919	14605 Calusa Palm DR Ft. myers, FL, 33919	
(The Limited Liability Company cannot serve business entity with an active Florida registrement of the name and the Florida street active Florida street a	ddress of the registered agent are:	06 NOV 29
		U
	Name Coreor Blvd # 103 Second Property Coreor Blvd # 103 Second Property Second Property	AM II: 08
liability company at the place of registered agent and agree to act is statutes relating to the proper ar	d agent and to accept service of process for the above stated designated in this certificate, I hereby accept the appointme in this capacity. I further agree to comply with the provisio nd complete performance of my duties, and I am familiar wi position as registered agent as provided for in Chapter 608,	ent as ons of all ith and

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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR (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.)

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)