L080000535102

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
(City/State/Zip/Filone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer: L. SELLERS					
MAY 30 2008					
EXAMINER					
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SECRETARY OF STATE

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COVER LETTER

Division of C			
SUBJECT. Mead	d Companies LL	.C	
		ted Liability Company)	and the second
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
Christop	her H Mead		
		(Name of Person)	
Mead C	ompanies LLC		
		(Firm/Company)	
6887 Re	dbay Park Roa	d Unit 202	
		(Address)	
Naples,	Florida 34109		
V	(Ci	ty/State and Zip Code)	
For further information	concerning this matter, pleas	e call:	
Christopher	H Mead	at 239 269-70	57
(Nam	e of Person)	(Area Code & Daytime Tele	ephone Number)
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2008

CHRISTOPHER H. MEAD 6887 REDBAY PARK ROAD, UNIT 202 NAPLES, FL 34109

SUBJECT: MEAD COMPANIES LLC

Ref. Number: W08000024844

We have received your document for MEAD COMPANIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L05000049067.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Leslie Sellers Regulatory Specialist II

Letter Number: 008A00031727

May 21, 2008

6887 Redbay Park Road Naples, FL, 34109

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To whom it may concern,

Please find the enclosed Articles of Organization for Mead Companies LLC. The application was previously submitted but rejected in error. Payment was sent and received with the original application. Please accept this accept this second submission and activate the status of the organization.

by he A. May

Thank you for your assistance,

Christopher H. Mead Mead Companies LLC

EIN: 26-2537648

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIA	ABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:		
Mead Companies LLC (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri		
Principal Office Address:	Mailing Address:	
6887 Redbay Park Road Unit 202	<u>کے سات نے سات نے سبات نے بیات نے بیات نے بیات نے بیات کی بیات کے بیات کے بیات کی بیات کی بیات کی بیات کی بیات</u>	
Naples, Florida 34109	Naples, Florida 34109	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regista business entity with an active Florida registration.)	Office, & Registered Agered Agent. You must designate at	gent's Signature: a individual or another
The name and the Florida street address of the re	•	
InCorp Services, I	nc.	
17888 67th Court		e)
Loxahatchee, FL 3 City, State, as		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	his certificate, I hereby acc v. I further agree to comply rformance of my duties, an	ept the appointment as v with the provisions of all d I am familiar with and
Registered Agent's Signan	are (REQUIRED)	mosp Service else
(CONTINU Page 1 of 2	J ED)	FILED 2008 HAY 28 PH 2: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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" = Manage "MGRM" = Mana			
14101441 141914	ignig ivicinoci		
MGRM	_	Christopher H Mead	
		6887 Redbay Park Road Unit 202	
		Naples, Florida 34109	
			
			
	_		
	_		
			
			 -
			
(Use attachment i	f necessary)		
(230 233022110117 1.			
ARTICLE V: Effective d	ate, if other than the da	te of filing: (OP	TIONAL)
(If an effective date is list	ed, the date must be s	pecific and cannot be more than five busin	ess days prior
to or 90 days after the day	te of filing.)		
<u>REQUIRED</u> SIG	NATURE:		
	/2/	,	•
			•
	Signature of a member of	r an authorized representative of a member.	
		•	
	of this document constitute	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	
	that the facts stated here	in are true.)	માર્જ જ
	Christa	phor. H. Mand	
	Typed	or printed name of signee	a,sk* = *

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)

Page 2 of 2