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(Req	uestor's Name)	)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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SECRETARY OF STATE

T. CLINE

MAY - 4 2009

EXAMINER



April 17, 2009

JOHN HUGHES 3059 DOGWOOD LANE MARGATE, FL 33063

SUBJECT: MEJOHO INC. L.L.C. Ref. Number: W09000018085

We have received your document for MEJOHO INC. L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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 Pall (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 409A000129525

## **COVER LETTER**

TO: Registration of	on Section Corporations		
SUBJECT:	Trejoho In (Name of Limite	d Liability Company)	
The enclosed Article	es of Organization and fee(s) are s	ubmitted for filing.	
Please return all corn	respondence concerning this matte	er to the following:	
	John Hughes	Name of Person)	
	Mejoho	Firm/Company)	
	3059 Dogu	OOOD LANE (Address)	
***************************************	MATGATE (City	Florida 33063 (State and Zip Code)	2009 HA SECRE
For further informat	ion concerning this matter, please	call:	2009 MAY - 1 PM 12: 54 SECRETARY OF STATE TALLAHASSEE. FLORID
	hn Hughes ame of Person)	at (954) 678 8343 (Area Code & Daytime Telephone Numb	RIZ: 54 FLORIDA
Enclosed is a chec	k for the following amount:		•
\$125.00 Filing Fe	e \$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
	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

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
(Must end with the words 'Limited Liability	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Cor	npany is:
Principal Office Address:	Mailing Address:	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the results	Office, & Registered Agent's Signature ered Agent. You must designate an individual or another egistered agent are:  ARETARY OF STAIR TORSES (P.O. Box NOT acceptable)  FL 33063	e:

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: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	John Hughes 3059 Dogwood Ln MArghTe Fl. 33063
	70 2
	LECR PA
(Use attachment if necessary)	HETA
CLE V: Effective date, if other than the d	ate of filing: (SPATION) specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than the specific and t
CLE V: Effective date, if other than the deffective date is listed, the date must be so days after the date of filing.)  REQUIRED SIGNATURE:	specific and cannot be more than five business
CLE V: Effective date, if other than the deffective date is listed, the date must be so days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitution that the facts stated her	or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution attes an affirmation under the penalties of perjury tein are true.)

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)