# 90000 59220

(Requestor's Name)	
(Address)	100157027141
(Address)	100107021111
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL  (Business Entity Name)	06/17/0901006006 **160.00
(Document Number)	Effective Date 07/01/09
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T. HAMPTON JUN 1 8 2009

EXAMINER

## Effective Date 07/01/09

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:
Melissa Kelle (Must end with the words "Limited Liab	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2050 Panama Avenue Clewiston, FI 33440	2050 Panama Avenue Clewiston, FI 33440
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Melissa	Kelley
Name	
2050 Panan	na Avenue
Florida street address (P.O	D. Box NOT acceptable)
Clewiston, FI 33440	FL
City, State, a	<del> </del>
Having hear named as registered agent and to	accent service of process for the above stated limited

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 (REQUIRE)

(CONTINUED)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

### 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" = Man. "MGRM" = Ma	ager anaging Member	Name and Address:	
MGR		Melissa Kelley 2050 Panama Avenue Clewiston, Fl 33440	
(Use attachmen	e date, if other than the c	date of filing: 07/01/09	(OPTIONAL
effective date is i 00 days after the of REQUIRED S	date of filing.)	specific and cannot be more than	Tive business days
	Signature of a member	or an authorized representative of a n	nember.
	(In accordance with sect of this document constitution that the facts stated here	ion 608.408(3), Florida Statutes, the executes an affirmation under the penalties on are true.)	cution f perjury
Filing Fee		Melissa Kelley ed or printed name of signee	

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