

Division of Corporations

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VOGEL LAW OFFICE, P.A.

Account Number : 120030000100

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Mende Enterprises, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
MENDE ENTERPRISES, LLC**

**ARTICLE I
NAME**

The name of the Limited Liability Company is: Mende Enterprises, LLC

**ARTICLE II
ADDRESS**

The mailing address and the street address of the principal office of the Limited Liability Company is:

640 10th Street NE
Naples, FL 34120

**ARTICLE III
DURATION**

The period of duration of the Limited Liability Company shall be perpetual or until dissolved in a manner provided by law or as provided in the regulations adopted by the members.

**ARTICLE IV
PURPOSE**

The purpose of the Company is to engage in any and/or all lawful business(es).

**ARTICLE V
MANAGEMENT**

The Limited Liability Company is to be managed by a Manager, and the name and address of such Manager who is to serve as Manager until a successor is elected and qualified is:

Shannon E. Mende
640 10th Street NE
Naples, FL 34120

**ARTICLE VI
ADMISSION OF ADDITIONAL MEMBERS**

Upon approval by the Members, the company is authorized to issue additional Units in the company and to admit Additional Members to the Company.

**ARTICLE VII
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

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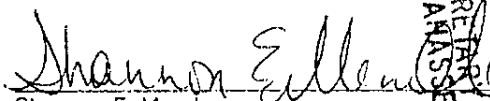
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The remaining members of the Company shall have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

These Articles are executed this 20 day of June, 2009 by an undersigned Member of the Company, pursuant to Florida Limited Liability Company Act, Florida Statute §608.401 et seq.

MEMBER:


Shannon E. Mendo

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 PR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is: Mende Enterprises, LLC
2. The name and address of the registered agent and office is:

Shannon E. Mende
640 10th Street NE
Naples, FL 34120

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.

Registered Agent:

Shannon E. Mende
Shannon E. Mende

Date:

June 20, 2009

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