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(Requestor's Name)
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(Address)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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10 JAN 28 PM 1: 34
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

J. BRYAN

JAN 2 9 2009

EXAMINER

COVER LETTER

TO: Registration Division of 0	n Section Corporations		
SUBJECT:	Meeker, N	Melville & Associates LL	_C
	Name of Lim	ited Liability Company	
The enclosed Articles	s of Organization and fee(s) are	e submitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	a s
		Carlos Melville	JAN ECRE
		Name of Person	28 F
	Meeker M	lelville & Associates LLC	JAN 28 PH 1: 34 CRETARY OF STATE CAHASSEE, FLORID
_	Wiookoi, W	Firm/Company	FLI
	1001	Ameliani, Anilan Cirola	ORIG
	1031 A	Andrew Aviles Circle Address	 _
	T	mna El 22610	
		ampa, FL 33619 ity/State and Zip Code	
	CMe	Iville@mmausa.biz	
For further information	on concerning this matter, plea		
Rich	nard Meeker	at (727)6	242 0406
	ne of Person	Area Code & Daytime Tele	
Enclosed is a check	for 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	Street/Courier Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Compa	ny is:	
Meeker, Melville	. & Associates LLC	
(Must end with the words "Limite	d Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Lial	bility Company is:
Principal Office Address:	Mailing Address:	
1031 Andrew Aviles Circle	1031 Andrew Aviles Circle	
Tampa, FL 33619	Tampa, FL 33619	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address o Car	n Registered Agent. You must designate an individu	10 JAN 28 PH
1031 Andrew Aviles Circle Florida street address (P.O. Box NOT acceptable)		D: 34 1:34 STATE STATE
<u>Tampa</u> City, S	FL 336 19 State, and Zip	
registered agent and agree to act in this co statutes relating to the proper and compl accept the obligations of my position a	ed in this certificate, I hereby accept the apacity. I further agree to comply with t	appointment as the provisions of all familiar with and
ivegiatered Agent 3	O'BIRGIO (INDVOINDO)	

(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:

<u>Title:</u> "MGR" = Manage "MGRM" = Mana		Name and Address:		
MGRM	_	Carlos Melville 1031 Andrew Aviles Circle Tampa, FL 33619		
MGRM	_	Richard Meeker 1031 Andrew Aviles Circle Tampa, FL 33619	ا ایهار۲ عور 10	
			JAN 28 PM CRETARY OF A NA BSEE, FI	F
(Use attachment if	necessary)		STATE OF THE	C
	ed, the date must be sp	2010 e of filing: <u>February 01,-2009</u> . (OPT ecific and cannot be more than five busine		r
REQUIRED SIG	NATURE:			
	Mehr	Merr		
9	Signature of a member or	an authorized representative of a member.		
		608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury are true.)		
Filing Fees:	Typed o	tichard Meeker or printed name of signee		
	e for Articles of Organizat tered Agent	tion and Designation		

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)