0000018064

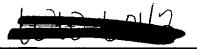
(Requestor's Name)		
(Addro	vac)	
(Address)		
(Address)		
/City/S	tate/Zip/Phone #	<u> </u>
(Only/C	tato/Zip/i florie #	7
PICK-UP	WAIT	MAIL
	L *****	
(Busin	ess Entity Name)
•	•	,
(Document Number)		
Certified Copies Certificates of Status		f Status

Special Instructions to Filing Officer:

L. SELLERS

FEB 1 7 2010

EXAMINER



Office Use Only



300166078863

02/04/10--01016--023 **125.00

COVER LETTER

Division of Corporations			
SUBJECT: Melray Co. LLC Name of Limited Liability Company			
Name of Limited Liability Company			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Melanie Toglione Name of Person			
Melray Co, LLC Firm Company			
10102 Farman Rd, Address			
Address			
Jacksonville, FL 32222 City State and Zip Code			
City State and Zip Code Rayo Taglione @ Concastonet E-med address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Ray Taglione at 904 779-2590 Name(of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certificate of Status & \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$			
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			



February 5, 2010

MELANIE TAGLIONE 10102 PARMAN ROAD JACKSONVILLE, FL 32222

SUBJECT: MELRAY CO. LLC Ref. Number: W10000006042

We have received your document for MELRAY CO. 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.

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.

Leslie Sellers Regulatory Specialist II

Letter Number: 010A00003052

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Melray Tak LLC (Myst end with the words "Limited Liabil	Melray Tax LLC ity Company,""L.I.C.," or "I.C."))		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
Jackonville FL 32222	Same.			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)				
The name and the Florida street address of the r Ray Taglio Name				
10102 Par mai Florida street address (P.O.	Rd. Box NOT acceptable)			
Jacksonville City, State, as	FL 3 Z Z Z Z Z nd Zip			
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 pe accept the obligations of my position as regis	his certificate, I hereby accept the appoint y. I further agree to comply with the provi rformance of my duties, and I am familiar	ment as sions of all with and		
Registored Agent's Signat	SECRETAR) AHASS AHASS	10 FEB -4		
(CONTIN	UED)			

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" = Manager "MGRM" = Managing Member	Name and Address:
m G-R	Melanie Taglione 10102 Parman Rd, Jap FL 32222
MGRM	Ray Taglione 10102 Farman Rd. Jax FL 32222
- Africa de contra de cont	
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the fan effective date is listed, the date must or 90 days after the date of filing.)	he date of filing: $\frac{2-/-/2}{}$ (OPTIONAL) the specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a men	Talling aber or an authorized representative of a member.
(In accordance with of this document co that the facts stated	section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury
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)