40000033996

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
W10-11568

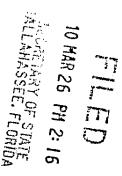
Office Use Only

EFFECTIVE DATE 3/34/10



400171218114

03/05/10--01023--023 **125.00



D. BRUCE

MAR 29 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2010

MEL LIVINGSTON 12 ELLIS VAN VLEET STREET APALACHICOLA, FL 32320

SUBJECT: MEL LIVINGSTON, LLC Ref. Number: W10000011568

We have received your document for MEL LIVINGSTON, 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 5, 2010. Please amend your document 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 call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 110A00005645,

COVER LETTER

	of Corporations	II bilandan II C	
SUBJECT:		I Livingston, LLC. ted Liability Company	······································
	Nune of Diffi	to Diability Company	
The enclosed Artic	eles of Organization and fee(s) are	submitted for filing.	
Please return all co	errespondence concerning this mat	ter to the following:	
	N	Mel Livingston	
		Name of Person	
	Mel	Livingston, LLC.	
	•	Firm/Company	
	12 Eili	s Van Vleet Street	
		Address	
	Apala	ichicola, FL 32320	
		ty/State and Zip Code	
	leeannep	oloronis@hotmail.com	
	E-mail address: (to be used	for future annual report notification)	
For further informa	ation concerning this matter, please	e call:	O HAI
	Mel Livingston	at (850) 6	553-2712 SSTAY OF Phone Number
	lame of Person	at (050) C	phone Number
Enclosed is a chec	ck for the following amount:		65 % C
7 \$125.00 Filing F	cee \$\int\\$130.00 Filing Fee &	\$155.00 Filing Fee &	3\$160.00 Filing Fee, 5
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	5

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mel Li	vingston, LLC. mited Liability Company," "L.L.C.," or "LLC.")	
(Must end with the words "Li	mitted Liability Company, L.L.C., of LEC.	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
12 Ellis Van Vleet Street	12 Ellis Van Vleet Street	
Apalachicola, FL 32320	Apalachicola, FL 32320	
(The Limited Liability Company cannot serve as its	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another	
	own Registered Agent. You must designate an individual or another	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address	own Registered Agent. You must designate an individual or another s of the registered agent are:	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address	own Registered Agent. You must designate an individual or another s of the registered agent are: Mel Livingston Name	Lune est
(The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street addres	own Registered Agent. You must designate an individual or another s of the registered agent are: Mel Livingston Name	The County of th
(The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address 12 Ell	s of the registered agent are: Mel Livingston Name is Van Vleet Street Mess (R O Box NOT acceptable)	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street addres	s of the registered agent are: Mel Livingston Name is Van Vleet Street Mess (R O Box NOT acceptable)	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address 12 Ell Florida street address Apalachicola	s of the registered agent are: Mel Livingston Name is Van Vleet Street dress (P.O. Box NOT acceptable)	

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

EFFECTIVE DATE 3/26/10



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:
MGR	Mei Livingston 12 Ellis Van Vieet Street Apalachicola, FL 32320
(Use attachment if necessary)	
CLE V: Effective date, if other than the diffective date is listed, the date must be days after the date of filing.)	late of filing: 4000 (OPTIONAL specific and cannot be more than five business days
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.
Signature of a member (In accordance with secti	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury
Signature of a member (In accordance with section of this document constitute that the facts stated hereinstance)	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury