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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

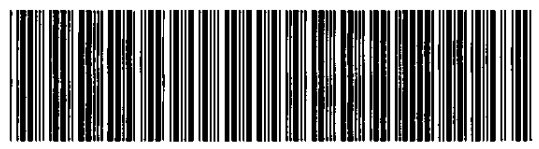
(Business Entity Name)

(Document Number)

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FILED
10 DEC -2 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2010

FABRIZIO PASSALACQUA
PO BOX 1786
MELROSE, FL 32666

SUBJECT: M.A.E. MELROSE AGRICULTURAL ENTERPRISES, LLC.
Ref. Number: W10000058179

We have received your document for M.A.E. MELROSE AGRICULTURAL ENTERPRISES, LLC. and check(s) totaling \$130.00. However, your check(s) and document are being returned for the following:

The number amount must match the written amount on the check.

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) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 710A00029155

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MELROSE AGRICULTURAL ENTERPRISES M.A.E., LLC (M.A.E.)
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:

Fabrizio Passalacqua

Name of Person

AFP Management, Inc.

Firm/Company

PO Box 1786

Address

Melrose, FL. 32666

City/State and Zip Code

fabmpass@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fabrizio Passalacqua

Name of Person

at (352) 475-3192

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

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 Company is:

M.A.E. MELROSE AGRICULTURAL ENTERPRISES, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

771 N SR 21 Melrose, FL. 32666

Mailing Address:

PO Box 1786 Melrose FL 32666

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

AFP Management, Inc.

Name

771 N SR 21

Florida street address (P.O. Box **NOT** acceptable)

Melrose, FL 32666

City, State, and Zip

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TALLAHASSEE, FLORIDA

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 (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Fabrizio Passalacqua

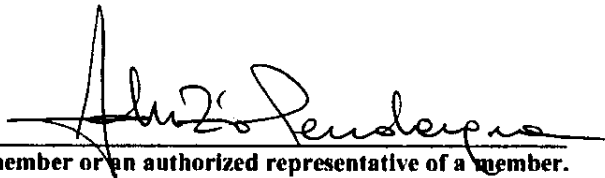
PO Box 1786 Melrose, FL 32666

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 2nd, 2010. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Fabrizio Passalacqua

Typed or printed name of signee

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)