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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 17 PM 1:48

T. HAMPTON

FEB 18 2011

EXAMINER

6045-11-21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MELROSE BOOK PLACE, LLC
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:

JOEL COSTANTINO

Name of Person

MELROSE BOOK PLACE

Firm/Company

7427 NE 222ND STREET

Address

MELROSE FL 32666-6437

City/State and Zip Code

joelc2@windstream.net

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

For further information concerning this matter, please call:

JOEL COSTANTINO

Name of Person

at (352) 475-1058

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)

CK# 1190

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 FEB 17 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 11, 2011

JOEL COSTANTINO
7427 NE 222ND ST
MELROSE, FL 32666-6437

SUBJECT: MELROSE BOOK PLACE LLC
Ref. Number: W11000008407

We have received your document for MELROSE BOOK PLACE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 111A00003652

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MELROSE BOOK PLACE 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:

300 STATE ROAD 26
SUITE 102
MELROSE FL 32666

Mailing Address:

7427 NE 222ND STREET
MELROSE FL 32666-6437

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:

JOEL COSTANTINO

Name

7427 NE 222nd STREET

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

MELROSE FL 32666-6437

City, State, and Zip

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)

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DIVISION OF CORPORATIONS

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:

MGR

JOEL COSTANTINO
7427 NE 222ND STREET
MELROSE FL 32666-6437

MGRM

JON L. MILLS
2727 NW 58TH BLVD
GAINESVILLE FL 32605

MGRM

NICHOLAS S. COSTANTINO
723 SEMINOLE RIDGE ROAD
MELROSE FL 32666

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/07/2011 (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.)

JOEL COSTANTINO

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)

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DIVISION OF CORPORATIONS