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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mellon One,	110
SUBJECT: <u> </u>	ited Liability Company
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Randell C. Doane	
	Name of Person
Doane & Doane, P.A.	
	Firm/Company
2000 PGA Blvd., Suite 44	10
	Address
North Palm Beach, Florida 3	3408
	ity/State and Zip Code
cwaters@doanelaw.com	
	for future annual report notification)
For further information concerning this matter, plea-	se call;
Claire R. Waters, CP	at (561) 656-0207
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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

$\mathbf{A}\mathbf{R}'$	TICI	LE 1		N	a	m	e:
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The name of the Limited Liability Company is:

MELLON ONE, 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:	Mailing Address:
2 Elton Place	2 Elton Place
Boynton Beach, FL 33426	Boynton Beach, FL 33426

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:

| Randell C. Doane, Esq. | ARE | CRO |
| Name | C/O Doane & Doane, P.A., 2000 PGA Blvd., Suite 4410 |
| Florida street address (P.O. Box NOT acceptable) |
North Palm Beach	FL 33408	
City, State, and Zip	Cro	
Co	Cro	Cro
Cro	Cro	Cro
Cro	Cro	Cro
Cro		

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)

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:

MGR	Alkiviadis Tranos Karallis 2 Elton Place Boynton Beach, FL 33426
MGR	Spyridon Tranos Karallis
	2 Elton Place
	Boynton Beach, FL 33426
Use attachment if necessary)	
LE V: Effective date, if other than t	the date of filing: (OPTION to be specific and cannot be more than five business date

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.)

Alkiviadis Tranos Karallis

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)