#1/2000/8079

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K.SALY EXAMINER FEB 7 2012

COVER LETTER

Division of C			
SUBJECT. Meric	dian Technology S	Services	
·		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this matt	ter to the following:	
Anthony	R. Morris		
		Name of Person	
Meridian	Technology Serv	vices	
•	1 11	Firm/Company	
2143 SE	15th Ave		
		Address	,
Cape Cora	al, FL 33990		
		y/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
moab2112	@gmail.com	for future annual report notification)	
For further information	n concerning this matter, please	-	
To further information	reoncerting this matter, piease	c can.	
Anthony Morris		_at (239) 471-8021	
Name	c of Person	Area Code & Daytime Tele	ephone 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)
gatifica e	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	s

1,01 (http://li

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:
Meridian Technology Se	rvices, LLC
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2143 SE 15th Ave Cape Coral, FL 33990	2143 SE 15th Ave Cape Coral, FL 33990

Florida street address of the registered agent are:

Anthony R. Morris

Name

2143 SE 15th Ave

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

Cape Coral

FL 33990

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)

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Anthony Morris
	2143 SE 15th Ave
	Cape Coral, FL 33990
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
·	e specific and cannot be more than five business days prio
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
Ω \mathcal{H}	—
_ Cin/long	Tuou- er or an authorized representative of a member.
Signature of a memor	er or an authorized representative of a member.
constitutes an affirmation unde l am aware that any false inforr	3.408(3), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State
	y as provided for in s.817.155, F.S.)
Antho	pod or printed name of signee
1 y	ped 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)